

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

| | | | | | |
|---|--|---|--------------------------|--|----------------------|
| Name of Committee in Full | | | | | |
| Full Name of Contributor Kevin D. Bolding | | | | Registration Number, if PAC | |
| Street Address 3965 Rio Grande Ave. | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Groveport | | State OH | Zip Code 43125 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Anika S. Chandler | | | | Registration Number, if PAC | |
| Street Address 1482 Brookforest Drive | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43204 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Leonard E. Scott | | | | Registration Number, if PAC | |
| Street Address 2304 Wynds Court | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43232 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Michelle I. Myles | | | | Registration Number, if PAC | |
| Street Address 401 Woodland Ave. | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43203 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Robyn L. Price | | | | Registration Number, if PAC | |
| Street Address 7489 Liberton Place | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Worthington | | State OH | Zip Code 43085 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Georgetta Lake | | | | Registration Number, if PAC | |
| Street Address 94 N. Ohio Ave. | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43203 | Y 2 | Amount 305 |
| | | | | Form (Cash, Check, etc.) check | |
| Full Name of Contributor AK Management Services LLC | | | | Registration Number, if PAC | |
| Street Address 115 Southwind Ct. | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Gahanna | | State OH | Zip Code 43230 | Y 2 | Amount 30 |
| | | | | Form (Cash, Check, etc.) check | |

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

| |
|------|
| 0.00 |
|------|

Total expenditures this event.

| |
|------|
| 0.00 |
|------|

| |
|-----------------------------|
| Page Total \$ 310.00 |
|-----------------------------|