Event Date	4-24-07
Page	1 of 2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05		
Name of Committee in Full				<u> </u>
Committee to Elect Michael J. King			In the State Name is not	
Full Name of Contributor			Registration Number, if PAC	
Stevo Stefanovski			M D Y Amount	
Street Address	Employer/Occup	ation/Labor Organization*		35.00
784 Overlook Dr.		la: o i	0 4 2 4 0 7 Form(Cash,Check,etc)	33.00
City	State	Zip Code 43214	Check	
Columbus	<u> </u>	45214	Registration Number, if PAC	
Full Name of Contributor			Registration Number, in TAC	
William M. Mattes	E 1 6		M D Y Amount	
Street Address	Employer/Occup	ation/Labor Organization*	0 4 2 4 0 7	35.00
67 Indian Springs Dr.	Control	7:- 0-1-	Form(Cash,Check,etc)	33.00
City	State H	Zip Code 43214	Check	
Columbus	10 + H	45214	Registration Number, if PAC	
Full Name of Contributor			Registration Number, it 1 Ac	
Edwin L. Skeens	F 1 10	ation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occup	atton/Labor Organization	0 4 2 4 0 7	35.00
1113 Westwood Ave.	State	Zip Code	Form(Cash,Check,etc)	<u> </u>
City) o l H	43212	Check	
Columbus	() 11	43212	Registration Number, if PAC	
Full Name of Contributor			Treposition 7-2-1991, W1119	
Kirk M. Wall	Employer/Occur	astion (Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 4 2 4 0 7	150.00
7016 Timberview Drive	State	Zip Code	Form(Cash,Check,etc)	100/00
City	OIH	43017	Check	
Dublin	1 () 11	40017	Registration Number, if PAC	
Full Name of Contributor				
Stephanie Hess	Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address	Employer/Occupation/Labor Organization		0 4 2 4 0 7	40.00
420 S. Court St	State	Zip Code	Form(Cash,Check,etc)	
City	O H	43113	Cash	
Circleville	() 1 11	10110	Registration Number, if PAC	
Full Name of Contributor		-		
Milan Zecevic	Employer/Occur	pation/Labor Organization*	M D Y Amount	
Street Address	Lampioyen outu		0 4 2 4 0 7	50.00
3169 Golden Oak Dr.	State	Zip Code	Form(Cash,Check,etc)	
City	OTH	43026	Cash	
Hilliard Full Name of Contributor		10020	Registration Number, if PAC	
Karen Waldrop	Employer/Occupation/Labor Organization*		M D Y Amount	_
Street Address	2.0,2.0		014 214 017	10.00
303 Lenappe Dr.	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH		Cash	
Columbus	1 () 1 11			
		didage. If contributor is celf-s	employed the occupation and the name of the	

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	Total expenditures this event	Page Total \$ 355.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occup 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 appear. [R.C. 3517.10(B)(4)]