

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King					
Full Name of Contributor Stevo Stefanovski				Registration Number, if PAC	
Street Address 784 Overlook Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor William M. Mattes				Registration Number, if PAC	
Street Address 67 Indian Springs Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Edwin L. Skeens				Registration Number, if PAC	
Street Address 1113 Westwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor Kirk M. Wall				Registration Number, if PAC	
Street Address 7016 Timberview Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Stephanie Hess				Registration Number, if PAC	
Street Address 420 S. Court St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Circleville	State OH	Zip Code 43113	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Milan Zecevic				Registration Number, if PAC	
Street Address 3169 Golden Oak Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Karen Waldrop				Registration Number, if PAC	
Street Address 303 Lenappe Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Cash		Amount 10.00

* 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 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

Total expenditures this event

Page Total \$ **355.00**