

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Friends of Troy D. Markham			
Full Name of Contributor		Registration Number, if PAC	
Charlie Schwallie			
Street Address	Employer/Occupation/Labor Organization*	M	D
991 S. Remington Rd		09	11
City	State	Y	Amount
Bexley	OH	15	20.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Trevor Torrence			
Street Address	Employer/Occupation/Labor Organization*	M	D
285 S. Cassady Ave		09	11
City	State	Y	Amount
Bexley	OH	15	5.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Kerouac Smith			
Street Address	Employer/Occupation/Labor Organization*	M	D
105 N. Cassingham Rd		09	11
City	State	Y	Amount
Bexley	OH	15	40.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Mike Haynes			
Street Address	Employer/Occupation/Labor Organization*	M	D
2825 Bellwood		09	11
City	State	Y	Amount
Bexley	OH	15	50.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Jason Black			
Street Address	Employer/Occupation/Labor Organization*	M	D
2808 E. Broad St.		09	11
City	State	Y	Amount
Bexley	OH	15	10.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Tim Katz			
Street Address	Employer/Occupation/Labor Organization*	M	D
781 S. Roosevelt Ave		09	11
City	State	Y	Amount
Bexley	OH	15	70.00
Form (Cash, Check, etc.)			
Cash			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Form (Cash, Check, etc.)			

* 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

195	00
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Total expenditures this event.

0	
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Page Total \$ 195.00