

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 Vorys Sater Seymour And Pease LLP				Registration Number, if PAC	
Street Address 52 E. Gay Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1305
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 1,000
Full Name of Contributor Jonathan E. Kass				Registration Number, if PAC	
Street Address 19 Wiveliscombe	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Kenton R. Bowen				Registration Number, if PAC	
Street Address 2396 W. Lane Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Jeffrey A. Strung				Registration Number, if PAC	
Street Address 350 Potomac Court	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor James D. Casto				Registration Number, if PAC	
Street Address 6241 Riverside Drive, Suite 25	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 250
Full Name of Contributor Scott Wilson Schiff				Registration Number, if PAC	
Street Address 503 S. Front Street, Suite 205	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 250
Full Name of Contributor Jeffrey L. Brown				Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization* Attorney/Smith & Hale		M 1	D 0	Y 1505
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 500

* 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 \$ **2,700.00**