

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Wolfe For Mayor Committee					
Full Name of Contributor Ronald Wingler				Registration Number, if PAC	
Street Address 771 S Hamilton Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) ck		Amount \$300.00
Full Name of Contributor Leo Knoblauch				Registration Number, if PAC	
Street Address 1026 Westphal Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Whitehall	State OH	Zip Code 43227	Form (Cash, Check, etc.) ck		Amount \$100.00
Full Name of Contributor Robert Bailey				Registration Number, if PAC	
Street Address 567 Va Circle W	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) ca		Amount \$100.00
Full Name of Contributor Stelios Giannopoulos				Registration Number, if PAC	
Street Address 247 N Parkview Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 9 0 9
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) ck		Amount \$500.00
Full Name of Contributor Mathew Ferris				Registration Number, if PAC	
Street Address 2036 Berkshire Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Cols	State OH	Zip Code 43221	Form (Cash, Check, etc.) ck		Amount \$120.00
Full Name of Contributor Wayne Brown				Registration Number, if PAC	
Street Address 3981 Gayle Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) ck		Amount \$200.00
Full Name of Contributor Joseph Ridgeway				Registration Number, if PAC	
Street Address 2700 Sherwood Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 2 0 9
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) ck		Amount \$75.00

* 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 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 \$ \$1,395.00
