

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 Schregardus				
Full Name of Contributor Kimberly Burroughs			Registration Number, if PAC	
Street Address 1434 Chesapeake Avenue	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$10.00
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Valerie Hendrickson			Registration Number, if PAC	
Street Address 157 E. Welch Ave.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43207	Y 1	Amount \$20.00
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor John Moses			Registration Number, if PAC	
Street Address 146 Damascus Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Marysville	State OH	Zip Code 43040	Y 1	Amount \$50.00
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4
City	State OH	Zip Code	Y 1	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4
City	State OH	Zip Code	Y 1	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4
City	State OH	Zip Code	Y 1	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4
City	State OH	Zip Code	Y 1	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

\$2,030.00

Total expenditures this event.

\$0.00

Page Total \$ **\$80.00**