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

Event Date	October 21, 2005
Page	

Prescribed by Secretary of State 03/05

	_		
Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Jamie A. Liggins			
Street Address 3146 Cumberland Woods Drive	Employer/Occupation/Labor Organization*		1 0 2 5 0 5 Amount 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor			Registration Number, if PAC
Tamiko M. Carter		- Little Control	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
5748 Satinwood Drive		7in C-1-	1 0 2 5 0 5 25
Columbus	Stal te OH	Zip Code	Form (Cash, Check, etc.) Check
Columbus Full Name of Contributor	Un	43229	Registration Number, if PAC
Joycelyn D. Neely			rogistiation ruthor, it rac
Street Address	Fmnlovar/Occur	ation/Labor Organization*	M D Y Amount
1921 Mountain Oak Road	Employer/Occup.	anous Davos Organization.	1 0 2 5 0 5 10
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor			Registration Number, if PAC
Nicolina Catalogna			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2577 Hubbell Road			1 0 2 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	check
Full Name of Contributor Kathy Angela Owens			Registration Number, if PAC
Street Address 2550 Tucker Trail	Employer/Occupation/Labor Organization*		1 0 2 5 0 5 Amount 25
City	State	Zip Code	Form (Cash, Check, etc.)
Lewis Center	ОН	43035	check
Full Name of Contributor Jamie A. Liggins			Registration Number, if PAC
Street Address 3146 Cumberland Woods Drive	Employer/Occupa	ation/Labor Organization*	1 0 2 5 0 5 Amount 75
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Tara Brown			Registration Number, if PAC
Street Address 6070 Whitman Road	Employer/Occupation/Labor Organization*		1 0 2 5 0 5 Amount 25
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check
			

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.		
0.00	0.00		
0.00	0.00		

Page Total \$	360.00

^{*} 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)]