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

Event Date_3	/30/05
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Prescribed by Secretary of State 03/05

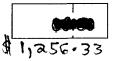
Name of Committee in Full					
Full Name of Contributor	Registration Number, if PAC				
Calfee, Halter/Green	FEC #C00351635				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
800 Superior Avenue, Suite 1400			0 4 2 0 0 5 \$150.00		
<sup>City</sup> Cleveland	Stal te OH	Zip Code 44114	Form (Cash, Check, etc.) check		
Full Name of Contributor	ОП	44114	Registration Number, if PAC		
Columbus Firefighters Union PAC		LA 839			
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
1380 Dublin Road, Suite 103		· ·	0 4 2 0 0 5 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor	Registration Number, if PAC				
Rob Crane Street Address					
5600 Dublin Road	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 0 0 5 \$100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	check		
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City .	Stal te OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City	State	Zip Code	Form (Cash, Check, etc.)		
	ОН				
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
	2proj ur occupanous Bacon Organización				
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
	OH				
Full Name of Contributor Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City	State	Zip Code	Form (Cash, Check, etc.)		
	OH				

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.



<sup>\*</sup> 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)]