

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

\$14,560.00

Total expenditures this event.

\$1,256.33

Page Total \$400.00