

# 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 <b>Mark Barbash</b>				Registration Number, if PAC	
Street Address <b>718 Euclaire</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Mary Jo Hudson</b>				Registration Number, if PAC	
Street Address <b>955 Delaware Ave.</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Derek H. Anderson</b>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City		State <b>OH</b>	Zip Code	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Thomas W. Gibson</b>				Registration Number, if PAC	
Street Address <b>5470 North Meadow</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Jocelyn D. Neely</b>				Registration Number, if PAC	
Street Address <b>1921 Mountain Oak Road</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Clarence D. Lumpkin</b>				Registration Number, if PAC	
Street Address <b>1330 East 20th Ave.</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43211</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					
Full Name of Contributor <b>Friends of Rick Pfeiffer Committee</b>				Registration Number, if PAC	
Street Address <b>88 E. Broad Street, Suite 1250</b>		Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>305</b>
Form (Cash, Check, etc.) <b>check</b>					

\* 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 \$

**1,300.00**

*done*