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

Event Date	October 1, 2005
Page	

Prescribed by Secretary of State 03/05

N 40 '		-		
Name of Committee in Full				
Full Name of Contributor  Mark Barbash	Registration Number, if PAC			
Street Address 718 Euclaire	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 50	
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor  Mary Jo Hudson	<del></del>		Registration Number, if PAC	
Street Address 955 Delaware Ave.	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 100	
City Columbus	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Derek H. Anderson	Registration Number, if PAC			
Street Address		ation/Labor Organization*	1 0 1 3 0 5 Amount 50	
City	State OH	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas W. Gibson	Registration Number, if PAC			
Street Address 5470 North Meadow	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 50	
City Columbus	Sta te OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jocelyn D. Neely			Registration Number, if PAC	
Street Address 1921 Mountain Oak Road	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 25	
<sup>City</sup> Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Clarence D. Lumpkin			Registration Number, if PAC	
Street Address 1330 East 20th Ave.	Employer/Occupa	ation/Labor Organization*	1 0 1 3 0 5 Amount 25	
City Columbus	Stal te OH	Zip Code 43211	Form (Cash, Check, etc.) Check	
Full Name of Contributor Friends of Rick Pfeiffer Committee	Registration Number, if PAC			
Street Address 88 E. Broad Street, Suite 1250		ation/Labor Organization*	1 0 1 3 0 5 Amount 1,000	
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

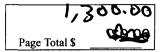
Fill in the boxes below only on the last page for this event.

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	contrit	u	tions	s tn	ıs	eve	nı
				T			
1		_	_	_	_		

Total expenditures this event.

\$0.00



<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)]