

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus				
Full Name of Contributor Eleanor Speelman			Registration Number, if PAC	
Street Address 3815 Dayspring Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Tosko			Registration Number, if PAC	
Street Address 4611 Mossrock Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Samuel Vermillion			Registration Number, if PAC	
Street Address 6251 Tallowtree Dr.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$10.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Cathy Collins			Registration Number, if PAC	
Street Address 3955 Hill Park Rd.	Employer/Occupation/Labor Organization*		M D Y 0 4 2 7 1 7	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	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.)	

* 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

\$135.00

Total expenditures this event.

\$0.00

Page Total \$ **\$135.00**