

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 Jeremy Herman				
Full Name of Contributor Tim O'Donnell			Registration Number, if PAC	
Street Address 303 Highland Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Worthington	State OH	Zip Code 43085	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Sue O'Donnell			Registration Number, if PAC	
Street Address 303 Highland Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Worthington	State OH	Zip Code 43085	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Mike O'Donnell			Registration Number, if PAC	
Street Address 303 Highland Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Worthington	State OH	Zip Code 43085	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Randy Domer			Registration Number, if PAC	
Street Address 2715 Lone Court	Employer/Occupation/Labor Organization* Ohio Health		M 0	D 9
City Columbus	State OH	Zip Code 43235	Y 2	Amount \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Deborah Walsh			Registration Number, if PAC	
Street Address 3836 Dayspring Drive	Employer/Occupation/Labor Organization* OSU Medical Center		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jon Creal			Registration Number, if PAC	
Street Address 4440 Lummisford Lane	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Stains			Registration Number, if PAC	
Street Address 4071 Herald Square Pl	Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check				

* 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

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Total expenditures this event.

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Page Total \$ **\$355.00**