

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Platz for Council					
Full Name of Contributor John Little				Registration Number, if PAC	
Street Address 4547 High Free Pike		Employer/Occupation/Labor Organization* Franklin Cty Prospector		M 03	D 03
City West Jefferson		State OH	Zip Code 45142	Y 11	Amount 30
Form (Cash, Check, etc.) Cash					
Full Name of Contributor John Craft				Registration Number, if PAC	
Street Address 6176 Pollard Place		Employer/Occupation/Labor Organization* Simpson Manufacturing		M 03	D 03
City Hilliard		State OH	Zip Code 43026	Y 11	Amount 40
Form (Cash, Check, etc.) Cash					
Full Name of Contributor John Conow				Registration Number, if PAC	
Street Address 5646 Breckenhurst Rd		Employer/Occupation/Labor Organization* Franklin Cty. Sheriff		M 03	D 03
City Hilliard		State OH	Zip Code 43026	Y 11	Amount 40
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Erik Werd				Registration Number, if PAC	
Street Address 5233 Goldfield Drive		Employer/Occupation/Labor Organization*		M 03	D 03
City Hilliard		State OH	Zip Code 43026	Y 11	Amount 30
Form (Cash, Check, etc.) Cash					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
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

1,370 00

Total expenditures this event.

00 00

Page Total \$

140