

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

Prescribed by Secretary of State 03/05

Event Date 04-24-10Page 3

Name of Committee in Full		Full Name of Contributor		Employer/Occupation/Labor Organization*	Registration Number, if PAC	M	D	Y	Amount
Fred Deskins, Jr. Republican Ward I Council Seat Committee		FRANK Peck - Golfer	75.00 check 5.00 cash			0	4	13	80.00
Street Address		487 Fall River DR							
City		Reynoldsbury	State	Zip Code					
		Oh		43068					
					Form (Cash, Check, etc.)				
					1797				
Full Name of Contributor		Fred Henderson - golfer	75 check 5.00 cash						
Street Address		740 S. Broadleigh Rd							
City		Columbus	State	Zip Code					
		Oh		43205					
					Form (Cash, Check, etc.)				
					1874				
Full Name of Contributor		Fred Deskins, Jr - golfer							
Street Address		6675 Schenk Ave							
City		Reynoldsbury	State	Zip Code					
		Oh		43068					
					Form (Cash, Check, etc.)				
					2474				
Full Name of Contributor		Elbert Deskins - golfer							
Street Address		303 S. nearly DR							
City		Marietta	State	Zip Code					
		Oh		45750					
					Form (Cash, Check, etc.)				
					cash				
Full Name of Contributor		Harold Davis - Foursome							
Street Address		24 E. Mithoff St							
City		Columbus	State	Zip Code					
		Oh		43206					
					Form (Cash, Check, etc.)				
					Cash				
Full Name of Contributor		Nathan Burd							
Street Address		1566 Burkley Ct							
City		Reynoldsbury	State	Zip Code					
		Oh		43068					
					Form (Cash, Check, etc.)				
					1924				
Full Name of Contributor		Rosehill Dental							
Street Address		1338 Rosehill Rd							
City		Reynoldsbury	State	Zip Code					
		Oh		43068					
					Form (Cash, Check, etc.)				
					1830				

* 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

--	--

Total expenditures this event.

--	--

Page Total \$

--