

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Brad McCloud				
Full Name of Contributor Jason J. Hull			Registration Number, if PAC	
Street Address 2340 Wynsbend	Employer/Occupation/Labor Organization*		M D Y 0 9 15 0 9	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard E. Harris			Registration Number, if PAC	
Street Address 1100 Bedlington Ct.	Employer/Occupation/Labor Organization*		M D Y 1 0 14 0 9	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) check	
Full Name of Contributor Dirk P. Plessner			Registration Number, if PAC	
Street Address 635 St. Annes Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 14 0 9	Amount \$100.00
City Holland	State OH	Zip Code 43528	Form (Cash, Check, etc.) check	
Full Name of Contributor Anonymous - committee tried to obtain identity, but was unsuccessful			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 1 0 14 0 9	Amount \$60.00
City	State OH	Zip Code	Form (Cash, Check, etc.) cash	
Full Name of Contributor Squire Sanders & Dempsey LLP PAC			Registration Number, if PAC C00444935	
Street Address 1201 Pennsylvania Ave., NW	Employer/Occupation/Labor Organization*		M D Y 1 0 14 0 9	Amount \$100.00
City Washington	State DC	Zip Code 20004	Form (Cash, Check, etc.) check	
Full Name of Contributor Huntington Bancshares Inc. PAC			Registration Number, if PAC C00165589	
Street Address 41 South High St.	Employer/Occupation/Labor Organization*		M D Y 1 0 14 0 9	Amount \$200.00
City Columbus	State OH	Zip Code 43215	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.)	

* 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

\$3,560.00

Total expenditures this event.

\$1,695.72

Page Total \$ **\$660.00**