

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor <u>Thomas Katzenmeyer</u>			Registration Number, if PAC	
Street Address <u>448 W Nationwide Blvd</u>	Employer/Occupation/Labor Organization* <u>GCAL</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>500.00</u>
City <u>Columbus, OH</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Steve Miller</u>			Registration Number, if PAC	
Street Address <u>1241 Haddon Rd</u>	Employer/Occupation/Labor Organization* <u>Ohio Dominican University</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Kesha Lallway</u>			Registration Number, if PAC	
Street Address <u>6467 SKYWAYE</u>	Employer/Occupation/Labor Organization* <u>Columbus City School</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>25.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Joshua Corwa</u>			Registration Number, if PAC	
Street Address <u>2375 Andover Rd</u>	Employer/Occupation/Labor Organization* <u>CORWA KOKOSING</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>100.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Donna Marple</u>			Registration Number, if PAC	
Street Address <u>691 Dille Mill Dr</u>	Employer/Occupation/Labor Organization* <u>Steiner Assoc</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>100.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Robert Lee - Touchstone Hospitality</u>			Registration Number, if PAC	
Street Address <u>750 E Long St</u>	Employer/Occupation/Labor Organization* <u>Touchstone Hospitality</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>100.00</u>
City <u>Ohio</u>	State <u>Ohio</u>	Zip Code <u>43203</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Laura Wedekind</u>			Registration Number, if PAC	
Street Address <u>4397 Cohagen Crossing Dr</u>	Employer/Occupation/Labor Organization* <u>Steiner + Assoc</u>		M D Y <u>04</u> <u>27</u> <u>15</u>	Amount <u>100.00</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	Form (Cash, Check, etc.) <u>check</u>	

* 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 \$ 975