

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		Registration Number, if PAC	
Kristen Gehring			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
706 Greenwich Street		0 9 2 8 1 1	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	check
Full Name of Contributor		Registration Number, if PAC	
Roland Millar			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6865 Downs Street		0 9 2 8 1 1	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	check
Full Name of Contributor		Registration Number, if PAC	
Michael Fowler			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
200 Campus View Blvd		0 9 2 8 1 1	\$20.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	check
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

* 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

\$445.00

Total expenditures this event.

\$0.00

Page Total \$ 90.00
