

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 TERRI STREET			Registration Number, if PAC 10 0607		
Street Address 187 N. GARFIELD AVENUE		Employer/Occupation/Labor Organization* Dir. of Education (city)		Amount \$100.00	
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) 3035		
Full Name of Contributor DANA SMOOT			Registration Number, if PAC 10 0607		
Street Address 1632 Bryden Rd.		Employer/Occupation/Labor Organization* UNKNOWN		Amount \$75.00	
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) 914		
Full Name of Contributor DAWN TYLE KEE			Registration Number, if PAC 10 0507		
Street Address 2574 DOZIER		Employer/Occupation/Labor Organization* MANAGER DJL		Amount \$50.00	
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) 1127		
Full Name of Contributor CHRISTY ANGEL			Registration Number, if PAC 10 0607		
Street Address 4358 E. BECK STREET		Employer/Occupation/Labor Organization* SBC EXECUTIVE		Amount \$50.00	
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) 4358		
Full Name of Contributor KEENA SMITH			Registration Number, if PAC 10 0607		
Street Address 1638 HINDMAN		Employer/Occupation/Labor Organization* UNKNOWN		Amount \$50.00	
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) 4156		
Full Name of Contributor MARCEL BEATTY			Registration Number, if PAC 10 0507		
Street Address 268 E. GATES ST.		Employer/Occupation/Labor Organization* ATTORNEY		Amount \$50	
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) 1008		
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Amount	
City	State	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
\$375.00
\$0.00

Total expenditures this event.

\$0.00

\$375.00
Page Total \$ **\$0.00**