

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 Eddie Pauline					
Full Name of Contributor James Seth Metcalf				Registration Number, if PAC	
Street Address 5828 Killdeer Drive		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$50.00
City Millersburg	State OH	Zip Code 44654		Form (Cash, Check, etc.) Check	
Full Name of Contributor Jacob Evans				Registration Number, if PAC	
Street Address 123 Corbins Mill Drive		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$250.00
City Dublin	State OH	Zip Code 43017		Form (Cash, Check, etc.) Check	
Full Name of Contributor Palmer C. McNeal				Registration Number, if PAC	
Street Address 5169 Springfield Ct.		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$250.00
City Westerville	State OH	Zip Code 43081		Form (Cash, Check, etc.) Check	
Full Name of Contributor Pamela J. Kostoff				Registration Number, if PAC	
Street Address 2995 Silver Maple Drive		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$100.00
City Fairlawn	State OH	Zip Code 44333		Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Boylan				Registration Number, if PAC	
Street Address 1900 Marblecliff Crossing Ct.		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$250.00
City Columbus	State OH	Zip Code 43204		Form (Cash, Check, etc.) Check	
Full Name of Contributor W. A. Antonoplos				Registration Number, if PAC	
Street Address 21 E. State Street, Suite 220		Employer/Occupation/Labor Organization*		M D Y 1 0 2	Amount \$75.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor Vorys Sater Seymour and Pease LLP Advocates for Effective Government				Registration Number, if PAC OH108	
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1	Amount \$250.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	

* 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

\$2,075.00

Total expenditures this event.

\$272.51Page Total \$ **\$1,225.00**