

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 Macy T. Block				Registration Number, if PAC	
Street Address 8581 Dunsinane Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Dublin		State OH	Zip Code 43017	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Franz Geiger				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City		State OH	Zip Code	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor J.B. Igel				Registration Number, if PAC	
Street Address 1033 Zodiac Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 400
				Form (Cash, Check, etc.) check	
Full Name of Contributor Patrick J. Kelley				Registration Number, if PAC	
Street Address 2712 Bexley Park		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Adam Lewin				Registration Number, if PAC	
Street Address 2690 Bryden Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Chalres E. Ruma				Registration Number, if PAC	
Street Address 3485 Brockton Ct.		Employer/Occupation/Labor Organization*		M 1	D 0
City Powell		State OH	Zip Code 43065	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas E. Mosure				Registration Number, if PAC	
Street Address 4250 Dublin Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 1	Amount 500
				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

\$0.00

Total expenditures this event.

\$0.00

3,400.00
Page Total \$ **3,400.00**