	Event Date October 7, 2005
Statement of Contributions Received	Page
at a Social on Fund Daising Event	

at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor			Registration Number, if PAC	
Full Name of Contributor Macy T. Block			registration runner, a rec	
Street Address 8581 Dunsinane Drive	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 3 0 5 500	
City Dublin	Stal te OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Franz Geiger				
Street Address	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 500	
City	Stal te OH	Zip Code	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 D Y Amount 1 0 1 3 0 5 400	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH	43230	check	
Full Name of Contributor Patrick J. Kelley			Registration Number, if PAC	
Street Address 2712 Bexley Park	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 500	
City Columbus	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Adam Lewin			Registration Number, if PAC	
Street Address 2690 Bryden Road	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 500	
^{City} Columbus	Stal te OH	Zip Code 43209	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*		1 0 1 3 0 5 Amount 500	
City Powell	Stal te OH	Zip Code 43065	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*		1 0 1 3 0 5 Amount 500	
^{City} Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	

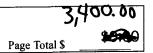
Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions this event				

Total expenditures this event.

\$0.00



^{*} 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)]