

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Julia L. Dorrian		Nationwide Children's Hos		1	0	7	100.00
Full Name of Contributor William L. Byers IV		Registration Number, if PAC					
Street Address 5446 Gillette Avenue		City Hilliard		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43026					
Full Name of Contributor Karen M. Moore		Bricker & Eckler		1	0	7	200.00
Street Address 2457 Coventry Road		City Upper Arlington		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43221					
Full Name of Contributor Gregory M. Kostelac, President		Robert L. McCarty Co., LPA		1	0	7	100.00
Street Address P.O Box 163638		City Columbus		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43216					
Full Name of Contributor Paul H. Coleman		Maryhaven Hospital		1	0	7	100.00
Street Address 1299 Haddon Road		City Columbus		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43209					
Full Name of Contributor Shelley K. Boone		Nationwide Insurance		1	0	7	50.00
Street Address 421 Alexandria Colony S.		City Columbus		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43215					
Full Name of Contributor Gregory S. Lashutka		Stifel Nicolaus		1	0	7	100.00
Street Address 729 Mohawk St.		City Columbus		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43206					
Full Name of Contributor Patrick F. King		Stifel Nicolaus		1	0	7	100.00
Street Address 46 E. Frankfort Street		City Columbus		Form(Cash,Check,etc) Check			
State O   H		Zip Code 43206					

\* 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 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

Total expenditures this event

Page Total \$ 700.00