

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Schregardus				
Full Name of Contributor Bryan Becker			Registration Number, if PAC	
Street Address 5404 Winding Way, Apt. D.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$10.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Karen Phipps			Registration Number, if PAC	
Street Address 3807 Lakedale Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Tim Huey			Registration Number, if PAC	
Street Address 2396 Wimbledon Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Upper Arlington	State OH	Zip Code 43220	Y 1	Amount \$200.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Toure McCord			Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Sara Wheeler			Registration Number, if PAC	
Street Address 799 Thurber Drive, W. Apt 307	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$5.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Beth Carstone			Registration Number, if PAC	
Street Address 4507 Trickle Creek Lane	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43228	Y 1	Amount \$200.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Cathy Collins			Registration Number, if PAC	
Street Address 3955 Hill Park Rd.	Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$50.00
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

Page Total \$ **\$665.00**