

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		OFFICE FUNDRAISER	
Full Name of Contributor <b>Al Bell</b>		Registration Number, if PAC	
Street Address <b>640A Lakeview Plaze Blvd</b>	Employer/Occupation/Labor Organization* <b>Business Owner - Moochie</b>	M   D   Y <b>0   2   8</b>	Amount <b>50.00</b>
City <b>Worthington</b>	State   Zip Code <b>O   43085</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richard Topper</b>		Registration Number, if PAC	
Street Address <b>5132 Olentangy River Road</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   2   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   43235</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Gary Fisher</b>		Registration Number, if PAC	
Street Address <b>5599 Blackhawk Forest Dr.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   2   8</b>	Amount <b>200.00</b>
City <b>Westerville</b>	State   Zip Code <b>O   43082</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Carl Hennon</b>		Registration Number, if PAC	
Street Address <b>495 Belltren Dr.</b>	Employer/Occupation/Labor Organization* <b>Counselor</b>	M   D   Y <b>0   2   8</b>	Amount <b>150.00</b>
City <b>Westerville</b>	State   Zip Code <b>O   43082</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Doug Krinsky</b>		Registration Number, if PAC	
Street Address <b>5405 Blackhawk Forest Dr.</b>	Employer/Occupation/Labor Organization*	M   D   Y <b>0   2   8</b>	Amount <b>51.50</b>
City <b>Westerville</b>	State   Zip Code <b>O   43082</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Thomas Widman</b>		Registration Number, if PAC	
Street Address <b>1170 Old Henderson Dr., Ste 109</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   2   8</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   43220</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dirk Winkler</b>		Registration Number, if PAC	
Street Address <b>169 E. Livingston Ave.</b>	Employer/Occupation/Labor Organization* <b>Attorney</b>	M   D   Y <b>0   2   8</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   43215</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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  
**1,646.50**

Total expenditures this event  
**\$335.49 Loan** pg. 19

Page Total \$ **626.50**