

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 Thomas L. Kaplan			Registration Number, if PAC	
Street Address 207 East deshler Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 150
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Connie Klema			Registration Number, if PAC	
Street Address P.O. Box 991	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check	
Full Name of Contributor Don H. Brown			Registration Number, if PAC	
Street Address 3921 Lytham Court	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor David F. Pritchard			Registration Number, if PAC	
Street Address 1351 West First Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 200
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor The Hunington Bancshares Inc. PAC			Registration Number, if PAC C00165589	
Street Address 41 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 500
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor George J. Kontogiannis			Registration Number, if PAC	
Street Address 400 South Fifth Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel M. Slane			Registration Number, if PAC	
Street Address 261 W. Johnstown road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43230	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 \$ 1,250.00