

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 William R. Heifner				Registration Number, if PAC	
Street Address 3215 Rocky Fork Place		Employer/Occupation/Labor Organization*		M 0	D 4
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$500.00
Full Name of Contributor Build PAC of Central Ohio				Registration Number, if PAC	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$1,000.00
Full Name of Contributor Columbus Realty Investments				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Full Name of Contributor State Street Capital Funding II				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$1,000.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount

* 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

\$15,800.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,500.00**