

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 Hugh Quill			Registration Number, if PAC	
Street Address 3662 E. Links Circle	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43213	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Matt Austin			Registration Number, if PAC	
Street Address 4270 Winterringer Street	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43026	Y 1	Amount \$25.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Mary C. O'Grady			Registration Number, if PAC	
Street Address 1885 Ridgebury Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$200.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Zach Kramer			Registration Number, if PAC	
Street Address 3149 Terra Dr.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbu	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) PayPal				
Full Name of Contributor Kristin Moyer			Registration Number, if PAC	
Street Address 3076 Landen Farm Dr. W	Employer/Occupation/Labor Organization*		M 0	D 6
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael Schadek			Registration Number, if PAC	
Street Address 1537 Guilford Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	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 \$ **\$625.00**