

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 Nelson E. Kohman				Registration Number, if PAC	
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Pataskala		State OH	Zip Code 43062	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor James T. Merkel				Registration Number, if PAC	
Street Address 7693 Sudbrook Square West		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State OH	Zip Code 43054	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor George J. Sicaras				Registration Number, if PAC	
Street Address 2460 N. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43202	Y 1	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor Chad P. Wick				Registration Number, if PAC	
Street Address 7923 Hopper Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Cincinnati		State OH	Zip Code 45255	Y 1	Amount 1,000
				Form (Cash, Check, etc.) check	
Full Name of Contributor John W. Royer				Registration Number, if PAC	
Street Address 10 West Broad Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Nationwide Better Citizens Fund				Registration Number, if PAC OH259	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,000
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael S. Schiff				Registration Number, if PAC	
Street Address 400 S. Parkview Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 250
				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

3,800.00
Page Total \$ **1000**