

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 Ty Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43214	Y 2	Amount 100
Full Name of Contributor Vicki Kaufman				Registration Number, if PAC	
Street Address 4883 Trumbo Court		Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany		State OH	Zip Code 43054	Y 2	Amount 200
Full Name of Contributor Dale Abrams				Registration Number, if PAC	
Street Address 960 Bryden Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43205	Y 2	Amount 100
Full Name of Contributor Kimberly Perfect				Registration Number, if PAC	
Street Address 251 W. Third Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43201	Y 2	Amount 100
Full Name of Contributor Thomas & Mary Katzenmeyer				Registration Number, if PAC	
Street Address 4143 Stargrass Court		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 2	Amount 1,000
Full Name of Contributor Anthony Jay Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Avenue		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43201	Y 2	Amount 100
Full Name of Contributor Steven C. Anderson				Registration Number, if PAC	
Street Address 1171 Westwood Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount 100

* 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 \$

1700.00