## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 4/6/05	
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Prescribed by Secretary of State 03/05

5** CG ''- / F !!			
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Laurel A. Beatty			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
600 South Grant Avenue	Zinpio, un svoupanou zinon engamianten		0 4 2 0 0 5 \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
Percy Squire			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 0 0 5 \$250.00
547 Mohawk Street	Stal te	Zip Code	0 4 2 0 0 5 \$250.00 Form (Cash, Check, etc.)
City Columbus	OH	43206	check
Full Name of Contributor	011	43200	Registration Number, if PAC
Elizabeth J. Watters			Registration (variety, 1111)
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1263 Broadview Ave.	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	check
Full Name of Contributor			Registration Number, if PAC
Carol O. Ray			·
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2030 Tremont Road			0 4 2 0 0 5 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor  Jesse M. Hemphill			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
4724 Carriage Drive			0 4 2 0 0 5 \$200.00
<sup>City</sup> Mason	Stal te OH	Zip Code 45040	Form (Cash, Check, etc.) Check
	Un	43040	
Full Name of Contributor Timothy S. Horton			Registration Number, if PAC
Street Address 4497 Flower Garden Drive	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 Amount \$150.00
<sup>City</sup> New Albany	Stal te OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor		Registration Number, if PAC	
John J. Chester, Jr.			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
65 East State Street, Suite 1000			0 4 2 0 0 5 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
* Promised for contributions from individuals over \$100 to s	stateswide and General Ac	reambly candidates. If contribu	utor is self-employed the occupation and the name of

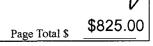
Fill in the boxes below only on the last page for this event.

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



<sup>\*</sup> 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)]