

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 Laurel A. Beatty					Registration Number, if PAC		
Street Address 600 South Grant Avenue		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43206		0	4	2
					0	0	5
					Amount \$25.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor Percy Squire					Registration Number, if PAC		
Street Address 547 Mohawk Street		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43206		0	4	2
					0	0	5
					Amount \$250.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor Elizabeth J. Watters					Registration Number, if PAC		
Street Address 1263 Broadview Ave.		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43212		0	4	2
					0	0	5
					Amount \$100.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor Carol O. Ray					Registration Number, if PAC		
Street Address 2030 Tremont Road		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43221		0	4	2
					0	0	5
					Amount \$50.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor Jesse M. Hemphill					Registration Number, if PAC		
Street Address 4724 Carriage Drive		Employer/Occupation/Labor Organization*			M	D	Y
City Mason		State OH	Zip Code 45040		0	4	2
					0	0	5
					Amount \$200.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor Timothy S. Horton					Registration Number, if PAC		
Street Address 4497 Flower Garden Drive		Employer/Occupation/Labor Organization*			M	D	Y
City New Albany		State OH	Zip Code 43054		0	4	2
					0	0	5
					Amount \$150.00		
Form (Cash, Check, etc.) check							
Full Name of Contributor John J. Chester, Jr.					Registration Number, if PAC		
Street Address 65 East State Street, Suite 1000		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43215		0	4	2
					0	0	5
					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 \$ 825.00