

# 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 Michael Flamm				Registration Number, if PAC	
Street Address 359 Jackson Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Marialyce Sunami				Registration Number, if PAC	
Street Address 408 Fairwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Helen McDaniel				Registration Number, if PAC	
Street Address 419 Derrer Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Edward M. Dunlap				Registration Number, if PAC	
Street Address 202 East Como Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC	
Street Address 2865 Castlewood Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 200
Full Name of Contributor Central Ohio Realtor PAC				Registration Number, if PAC	
Street Address 2700 Airport Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check		Amount 1,000
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

\* 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 \$

1,375