

Event Date	_____
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Palmer For School Board</u>					
Full Name of Contributor <u>Michael S. Padovan</u>				Registration Number, if PAC	
Street Address <u>1192 Stanhope Dr</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43221</u>	Y	Amount <u>\$25.00</u>
				Form (Cash, Check, etc)	
Full Name of Contributor <u>Scott D. Deubner</u>					
Street Address <u>4684 Merit Drive</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Hilliard</u>		State <u>OH</u>	Zip Code <u>43026</u>	Y	Amount <u>\$50.00</u>
				Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc)	
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc)	

\* 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 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

Total expenditures this event

Page Total \$ 0.00