

# 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 Gail A. White-Dixon				Registration Number, if PAC	
Street Address 1652 Bryden Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43205	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jamie A. Liggins				Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43219	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor H. Lee Thompson				Registration Number, if PAC	
Street Address 85 East Gay Street, Suite 810		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Anthony P. English				Registration Number, if PAC	
Street Address 2890 Wambli Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43219	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gayle Channing Tenenbaum				Registration Number, if PAC	
Street Address 164 North Harding Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Citizens With Ford				Registration Number, if PAC	
Street Address 1935 Shenandoah Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Toledo		State OH	Zip Code 43607	Y 0	Amount \$1,000.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Howard Heard				Registration Number, if PAC	
Street Address 1186 Geers Ave.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$25.00
				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 \$ 1,825.00