

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 <u>DAVE MCKEE</u>			Registration Number, if PAC	
Street Address <u>7127 ROBERTA WOODS</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>50</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>ANNE BLINK</u>			Registration Number, if PAC	
Street Address <u>6060 POST RD</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>50</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>JOEL CAMPBELL</u>			Registration Number, if PAC	
Street Address <u>575 S. TAYLOR ST</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>100</u>
City <u>COLUMBUS</u>	State <u>OH</u>	Zip Code <u>43211</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>DAVE AMARIS</u>			Registration Number, if PAC	
Street Address <u>5150 WINCHESTER</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>25</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>JAN ELLIS WHELAN</u>			Registration Number, if PAC	
Street Address <u>7250 CORNWALL RD</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>100</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>ALY MOSE</u>			Registration Number, if PAC	
Street Address <u>7630 BELLMAN</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>100</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>CHECK</u>	
Full Name of Contributor <u>WILLYS BOYLE</u>			Registration Number, if PAC	
Street Address <u>300 SPANGLER CT</u>	Employer/Occupation/Labor Organization*		Mo <u>09</u> D <u>25</u> Y <u>13</u>	Amount <u>250</u>
City <u>DOVER</u>	State <u>OH</u>	Zip Code <u>43212</u>	Form (Cash, Check, etc.) <u>CHECK</u>	

* 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

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Total expenditures this event.

0	
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Page Total \$

675
700