Event Date	04/18/06
Page	9

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Trosorrocar by Di	cretary of State 3/03						
Name of Committee in Full THE COMMITTEE TO ELECT DOL	DDIC EOD II I	TOCE						
THE COMMITTEE TO ELECT DOI Full Name of Contributor	MIS FOR JU	DGE	In t		1 :00	4.C		
1				Registration Number, if PAC				
RAYMOND LINK Street Address	E-mlassw/Oam	matinu/I ahau Ouganigatiau*	M	ГБ	T 37	A		
	Employer/Occupation/Labor Organization*			D	Y	Amount	40.00	
3103 HIGHCLIFT COURT	Q ₁				06		40.00	
COLLIMBLIC	State	Zip Code	`	ash,Chec	. ,			
COLUMBUS Full Name of Contributor	OH	43231			†1281			
			Registra	mon iyun	nber, if P	AC		
DAVID ANTHONY Street Address	Employer/Occu	 	T 5	1 37	TA			
1	Employer/Occu	M	D	Y	Amount	25.00		
696 S. OHIO AVE.	Charles				0 4 1 8 0 6 35.00			
COLLIMBLE		State Zip Code			Form(Cash,Check,etc) CHECK #1304			
COLUMBUS Full Name of Contributor	O H	43205			1304 aber, if P			
			Registra	tion Nun	nber, it P	AC		
DARREN T. HUGGINS Street Address	Emmlesson/Occord	ating/Calan Organization*		l D	1 37	A		
	Employer/Occu	pation/Labor Organization*	M	D 110	Y	Amount	25.00	
295 EAST 24TH STREET	Ctoto	7:- C- 4-		1 8 ash,Chec	0 6	-	35.00	
EUCLID	O H	Zip Code 44123		,	k,etc) ‡3168			
Full Name of Contributor	0 11	44123			ber, if P			
			Registia	uon nun	ibei, ii r	AC		
THE RAPHAEL COMPANY Street Address	Employer/Occur	nation/Labor Organization*	M	D	Y	Amount		
	Employer/Occupation/Labor Organization*			1	$\begin{bmatrix} 1 \\ 0 \end{bmatrix} 6$		100.00	
444 SOUTH FRONT STREET City	State	Zip Code		sh,Chec			100.00	
COLUMBUS	OH	43215			‡1039			
Full Name of Contributor	0 11	43213			ber, if P			
			Registra	uon Nun	ioei, ii rz	AC		
JOSEPH E. SCOTT CO., LPA Street Address	Employer/Occur	pation/Labor Organization*	M	D	Y	Amount		
35 E. LIVINGSTON AVE.	Employer/Occup	Dation Labor Organization			0 6		50.00	
City	State	Zip Code					30.00	
COLUMBUS	OH	Form(Cash,Check,etc) CHECK #3271						
Full Name of Contributor		43215			ber, if PA	A.C		
Tun rumo of Commodos			Кодівна	don run	1001, 11 1 2	10		
Street Address	Employer/Occur	pation/Labor Organization*	M	D	Y	Amount		
Street Harress	Employer	dation Edwar Organization	1 "1	Ĭ	ĺ	Milogit	0.00	
City	State	Zip Code	Form(C)	sh,Checl	z etc)		0.00	
City	State	Zip Code	Tomice	isii, Ciico	x,010)			
Full Name of Contributor			Registra	tion Murr	ber, if P	AC.		
I di Pane di Condiducti		•	Rogistia	iion ruii.	1001, 11 1 7	10		
Street Address	ress Employer/Occupation/Labor Organization*			D	Y	Amount		
		M	~i	1		0.00		
City	State	Zip Code	Form(Ca	sh,Checl	Letc)		0.00	
· '		1	1	, 5.1.001	,)			
		·	!					

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	
840.00	305.17	Page Total \$260.00
840.00	305.17	

^{*} 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)]