

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Berkemer for Norwich Township Trustee					
Full Name of Contributor Jacquelyn Ayers				Registration Number, if PAC	
Street Address 4760 Cordoba Court		Employer/Occupation/Labor Organization*		M 9	D 2
City Hilliard		State OH	Zip Code 43026	Y 0	Amount \$20.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Deborah H. Roberts				Registration Number, if PAC	
Street Address 6015 Farmcreek Court		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$20.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Bryon Edgington				Registration Number, if PAC	
Street Address 1180 Venetian Way		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$25.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Linda Wackernagle				Registration Number, if PAC	
Street Address 3106 W. Mound Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Douglas Dodson				Registration Number, if PAC	
Street Address 5922 Coventry Lake Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Steve Craig				Registration Number, if PAC	
Street Address 3663 Cemetery Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Benjamin Weiner				Registration Number, if PAC	
Street Address 381 W. Third Avenue		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43201	Y 2	Amount \$50.00
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 \$

\$265.00