

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus					Registration Number, if PAC					
Full Name of Contributor Contributions of \$25 or less					Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount		
								\$10.00		
City		State	Zip Code		Form (Cash, Check, etc.)					
		OH								
Full Name of Contributor Contributions of \$25 or less					Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount		
								\$20.00		
City		State	Zip Code		Form (Cash, Check, etc.)					
		OH								
Full Name of Contributor Contributions of \$25 or less					Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount		
								\$15.00		
City		State	Zip Code		Form (Cash, Check, etc.)					
		OH								
Full Name of Contributor Contributions of \$25 or less					Registration Number, if PAC					
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount		
								\$20.00		
City		State	Zip Code		Form (Cash, Check, etc.)					
		OH								
Full Name of Contributor Molly Hendrix					Registration Number, if PAC					
Street Address 157 E Welch Ave		Employer/Occupation/Labor Organization* Two Caterers/caterer			M	D	Y	Amount		
					0	4	2	1	7	\$25.00
City Columbus		State OH	Zip Code 43207		Form (Cash, Check, etc.) check					
Full Name of Contributor Melinda Tucker					Registration Number, if PAC					
Street Address 835 Proprietors Rd #10		Employer/Occupation/Labor Organization* retired			M	D	Y	Amount		
					0	4	2	1	7	\$30.00
City Worthington		State OH	Zip Code 43085		Form (Cash, Check, etc.) check					
Full Name of Contributor Joseph Klatt					Registration Number, if PAC					
Street Address 379 Chittenden		Employer/Occupation/Labor Organization* State of Ohio/Env Special			M	D	Y	Amount		
					0	4	2	1	7	\$80.00
City Columbus		State OH	Zip Code 43214		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 \$ **\$200.00**