

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					
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 OH	Zip Code	Form (Cash, Check, etc.)		
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 OH	Zip Code	Form (Cash, Check, etc.)		
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 OH	Zip Code	Form (Cash, Check, etc.)		
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 OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor Molly Hendrix				Registration Number, if PAC	
Street Address 157 E Welch Ave	Employer/Occupation/Labor Organization* Two Caterers/caterer		M 0	D 4	Y 2 1 1 7
					Amount \$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 Propietors Rd #10	Employer/Occupation/Labor Organization* retired		M 0	D 4	Y 2 1 1 7
					Amount \$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 0	D 4	Y 2 1 1 7
					Amount \$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**