

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Basler, Jennifer Morbitzer, Treasurer, 1080 White Rd, Grove City, Oh 43123					
Full Name of Contributor Ronda Kelly				Registration Number, if PAC	
Street Address 1223 White Rd.		Employer/Occupation/Labor Organization* OSU-Radiologist Tech		M   D   Y   0   9   1   7   1   1	Amount \$25.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Shelah Stage				Registration Number, if PAC	
Street Address 2733 Woodgrove		Employer/Occupation/Labor Organization* homemaker		M   D   Y   0   9   1   7   1   1	Amount \$50.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Donald Furci				Registration Number, if PAC	
Street Address 2252 Birch Bark Trail		Employer/Occupation/Labor Organization* Ohio Health Physician		M   D   Y   0   9   1   7   1   1	Amount \$50.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Sally Crandall				Registration Number, if PAC	
Street Address 359 E. Sycamore St		Employer/Occupation/Labor Organization* retired school librarian		M   D   Y   0   9   1   7   1   1	Amount \$200.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Jason Francis				Registration Number, if PAC	
Street Address 1174 Carnoustie Circle		Employer/Occupation/Labor Organization* Engineer MI Homes		M   D   Y   0   9   1   7   1   1	Amount \$100.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Mary Macleod				Registration Number, if PAC	
Street Address 1689 Holton Rd		Employer/Occupation/Labor Organization* Self Employed		M   D   Y   0   9   1   7   1   1	Amount \$20.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) check	
Full Name of Contributor Mindy Garverick				Registration Number, if PAC	
Street Address 1135 White Rd.		Employer/Occupation/Labor Organization* School Board - SWCS		M   D   Y   0   9   1   7   1   1	Amount \$20.00
City Grove City		State OH	Zip Code 43123	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

Total expenditures this event.

\$765.00

\$1,135.57

Page Total \$ 465.00