

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Warren Tyler				Registration Number, if PAC	
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 2	Amount 150
Form (Cash, Check, etc.) check					
Full Name of Contributor Steven M. Shellabarger				Registration Number, if PAC	
Street Address 948 Neil Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43201	Y 2	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Amy Corna				Registration Number, if PAC	
Street Address 7533 Storrington Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Lewis Center		State OH	Zip Code 43035	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor James P. Negron				Registration Number, if PAC	
Street Address 6498 Glass Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville		State OH	Zip Code 43081	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor William C. Habig				Registration Number, if PAC	
Street Address 629 Jaeger Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount 35
Form (Cash, Check, etc.) check					
Full Name of Contributor Mike Mitchell				Registration Number, if PAC	
Street Address 114 1/2 Parsons		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 35
Form (Cash, Check, etc.) cash					
Full Name of Contributor Jo Ann St. Clair				Registration Number, if PAC	
Street Address 209 Olentangy Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount 15
Form (Cash, Check, etc.) cash					

* 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 \$

485.00