

Event Date	_____
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# Contributions Contributions Received

## draising Event

by Secretary of State 3/05

Name of Committee in Full People for Page				
Full Name of Contributor Ellen Moss			Registration Number, if PAC	
Street Address 7709 Waggoner Chase Blvd	Employer/Occupation/Labor Organization* Godman Guild Director		M 0 7	D 0 4
City Blacklick	State O H	Zip Code 43004	Y 1 6	Amount 96.8
Form(Cash, Check, etc) Credit Card				
Full Name of Contributor Mike Schott			Registration Number, if PAC	
Street Address 30 Warren Street	Employer/Occupation/Labor Organization* Kaufman Development		M 0 6	D 2 9
City Columbus	State O H	Zip Code 43215	Y 1 6	Amount 242.45
Form(Cash, Check, etc) credit card				
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct	Employer/Occupation/Labor Organization*		M 0 8	D 3 0
City Columbus	State O H	Zip Code 43229	Y 1 6	Amount 250
Form(Cash, Check, etc) check				
Full Name of Contributor Central Ohio Realtors Political Action Committee			Registration Number, if PAC	
Street Address 2700 Airport Drive	Employer/Occupation/Labor Organization*		M 0 7	D 0 1
City Columbus	State O H	Zip Code 43219	Y 1 6	Amount 250
Form(Cash, Check, etc) check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash, Check, etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash, Check, etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash, Check, etc)				

\* 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 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

Page Total \$ 839.25