

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 Cheryl L. Pentella				Registration Number, if PAC	
Street Address 1320 McCoy Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43220	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Laura J. MacDonald				Registration Number, if PAC	
Street Address 3864 Mountview Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43221	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Joanne Schorsten				Registration Number, if PAC	
Street Address 9030 Barassie Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Dublin	State OH	Zip Code 43017	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Marry Morrison				Registration Number, if PAC	
Street Address 5742 Fox Hollow Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Sylvania	State OH	Zip Code 43560	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin J. Miles				Registration Number, if PAC	
Street Address 1009 Pennsylvania Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43201	Amount 150	Form (Cash, Check, etc.) check	
Full Name of Contributor Fred Holdridge				Registration Number, if PAC	
Street Address 763 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43206	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Jerome E. Friedman				Registration Number, if PAC	
Street Address 332 Cliffside Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43202	Amount 100	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 \$

750.00