

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins, Jr Republican Ward I Council Seat Committee			
Full Name of Contributor FRED HENDERSON-Foursome		Registration Number, if PAC	
Street Address 940 S. BROADLEIGH RD	Employer/Occupation/Labor Organization*	M D Y 03 09 10	Amount 100.00
City Columbus	State OH Zip Code 43209	Form (Cash, Check, etc.) 1860	
Full Name of Contributor GARY JAMES - Foursome		Registration Number, if PAC	
Street Address P.O. Box 1009	Employer/Occupation/Labor Organization* Cash	M D Y 07 22 10	Amount 320.00
City Reynoldsburg	State OH Zip Code 43068	Form (Cash, Check, etc.) 1263	
Full Name of Contributor John Noble - Foursome		Registration Number, if PAC	
Street Address 7880 GRAND LCT	Employer/Occupation/Labor Organization*	M D Y 04 16 10	Amount 300.00
City Reynoldsburg	State OH Zip Code 43068	Form (Cash, Check, etc.) 3260	
Full Name of Contributor BRAND McCLOUD - PART OF Foursome		Registration Number, if PAC	
Street Address 120 Rosehill Rd	Employer/Occupation/Labor Organization*	M D Y 04 24 10	Amount 160.00
City Reynoldsburg	State OH Zip Code 43068	Form (Cash, Check, etc.) 3134	
Full Name of Contributor MR Sampson - golf fee		Registration Number, if PAC	
Street Address 1065 Mastill DR	Employer/Occupation/Labor Organization*	M D Y 04 24 10	Amount 80.00
City Reynoldsburg	State OH Zip Code 43068	Form (Cash, Check, etc.) 4129	
Full Name of Contributor Tim Henderson		Registration Number, if PAC	
Street Address 7201 Hoover Rd	Employer/Occupation/Labor Organization*	M D Y 04 24 10	Amount 80.00
City Orient	State OH Zip Code 43146	Form (Cash, Check, etc.) 4129	
Full Name of Contributor DARRELL KAUFMAN		Registration Number, if PAC	
Street Address 2857 Kool Air Way	Employer/Occupation/Labor Organization*	M D Y 04 24 10	Amount 80.00
City Columbus	State OH Zip Code 43231	Form (Cash, Check, etc.) 1142	

* 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

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Total expenditures this event.

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Page Total \$