

# 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 Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43213	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen J. Habash				Registration Number, if PAC	
Street Address 4851 Inisheer Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Laurence G. Ruben				Registration Number, if PAC	
Street Address 140 South Columbia Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Friends of Peter Lawson Jones				Registration Number, if PAC	
Street Address 21750 Shaker Boulevard		Employer/Occupation/Labor Organization*		M 0	D 8
City Shaker Heights		State OH	Zip Code 44122	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ohio & Vicinity Regional Council PAC				Registration Number, if PAC	
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43227	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael S. Schiff				Registration Number, if PAC	
Street Address 400 South Parkview Avenue		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gregory B. Comfort				Registration Number, if PAC	
Street Address 2275 Onandaga Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 1	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

1,250.00  
Page Total \$ ~~30.00~~