

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 Deborah Boyce			Registration Number, if PAC	
Street Address 2748 Eastern Glenn Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43219	Y 2	Amount 30
Full Name of Contributor Telesha S. Proctor-Isom			Registration Number, if PAC	
Street Address 7666 Rippingdale Street	Employer/Occupation/Labor Organization*		M 0	D 9
City Blacklick	State OH	Zip Code 43004	Y 2	Amount 10
Full Name of Contributor Karen Roberts			Registration Number, if PAC	
Street Address 3048 Southfield Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43207	Y 2	Amount 10
Full Name of Contributor George Lake			Registration Number, if PAC	
Street Address 1193 Manor Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43232	Y 2	Amount 50
Full Name of Contributor Phillip Lake			Registration Number, if PAC	
Street Address 3612 Ringling Lane	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43230	Y 2	Amount 50
Full Name of Contributor Angela Vancleaf			Registration Number, if PAC	
Street Address 4327 Grays Market Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43230	Y 2	Amount 25
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount

* 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 \$

175.00