

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Rambon, EDU</i>			
Full Name of Contributor <i>Louisa Cecilia Veal</i>		Registration Number, if PAC	
Street Address <i>5126 Springfield Ct</i>	Employer/Occupation/Labor Organization*	M <i>10</i> D <i>10</i> Y <i>13</i>	Amount <i>50.00</i>
City <i>Westerville</i>	State <i>Oh</i> Zip Code <i>43081</i>	Form (Cash, Check, etc.)	
Full Name of Contributor <i>Lawrence Auls</i>		Registration Number, if PAC	
Street Address <i>124 Brunson</i>	Employer/Occupation/Labor Organization*	M <i>10</i> D <i>10</i> Y <i>13</i>	Amount <i>50.00</i>
City <i>Columbus</i>	State <i>Ohio</i> Zip Code <i>43203</i>	Form (Cash, Check, etc.) <i>11022270833</i>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	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

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Total expenditures this event.

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Page Total \$

*100.00**Stelia*