

# 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 McCullough Williams				Registration Number, if PAC	
Street Address 6171 Lyanne Ct		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43231	Y 0	Amount \$150.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel M. Slane				Registration Number, if PAC	
Street Address 261 W. Johnstown Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43230	Y 0	Amount \$150.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Columbus Apartment Association PAC				Registration Number, if PAC OH#146	
Street Address 1225 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$150.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Nicholas C. Cavalaris				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Harrison W. Smith, Jr.				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Pumbers & Pipefitters				Registration Number, if PAC	
Street Address 1250 Kinner Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Sexton				Registration Number, if PAC	
Street Address 9 Buttles Ave., Apt. 414		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$100.00
				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 \$ 1,450.00