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

Event Date_3/30/05	
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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor			Registration Number, if PAC	
McCullough Williams				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
6171 Lynanne Ct			0 4 0 6 0 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43231	check	
Full Name of Contributor			Registration Number, if PAC	
Daniel M. Slane				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
261 W. Johnstown Road		-	0 4 0 6 0 5 \$150.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43230	check	
Full Name of Contributor			Registration Number, if PAC OH#146	
Columbus Apartment Association PAC				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount Amount \$150.00	
1225 Dublin Road	g, li	[a: 0.1		
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)	
Full Name of Contributor	UII	43213	Registration Number, if PAC	
Nicholas C. Cavalaris			Registration Number, it TAC	
Street Address	T 1 10		M D Y Amount	
37 West Broad Street	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$300.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
Full Name of Contributor	OH	40210	Registration Number, if PAC	
Harrison W. Smith, Jr.			Negovianon Nanous, ii Me	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
37 West Broad Street			0 4 0 6 0 5 \$300.00	
City	Stalte	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215		
Full Name of Contributor Pumbers & Pipefitters			Registration Number, if PAC	
Street Address 1250 Kinner Road	Employer/Occupation/Labor Organization*		M 4 0 6 0 5 Amount \$300.00	
1250 Killilei Koau				
City Columbus	Stakte	Zip Code	Form (Cash, Check, etc.)	
	OH	43212	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
9 Buttles Ave., Apt. 414			0 4 0 6 0 5 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
* Demand for a set it stime from in the dealers of 100 to	-4-41 d d C1 A -	annels les annels datas. If annels le	utor is salf amplaced the accumption and the name of	

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

^{*} 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)]