

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins, Jr Republican Ward I Council Seat Committee			
Full Name of Contributor James C. Pace		Registration Number, if PAC 3300 check 20 cash	
Street Address 231 Iron clad DR	Employer/Occupation/Labor Organization*	M D Y 04 11 10	Amount 320.00
City Columbus	State Oh Zip Code 43213	Form (Cash, Check, etc.) 1284	
Full Name of Contributor Richard Harris		Registration Number, if PAC 225 check 95.00 cash	
Street Address 1100 Beddington CT	Employer/Occupation/Labor Organization*	M D Y 04 05 10	Amount 320
City Reynoldsburg	State Oh Zip Code 43068	Form (Cash, Check, etc.) .	
Full Name of Contributor William R. AT		Registration Number, if PAC	
Street Address 19 Sessions DR	Employer/Occupation/Labor Organization*	M D Y 04 08 10	Amount 100.00
City Bexley	State Oh Zip Code 43209	Form (Cash, Check, etc.) 196	
Full Name of Contributor Nancy Frazier		Registration Number, if PAC	
Street Address 18115 Awgrass DR	Employer/Occupation/Labor Organization*	M D Y 04 09 10	Amount 100.00
City Reynoldsburg	State Oh Zip Code 43068	Form (Cash, Check, etc.) 1948	
Full Name of Contributor Paul Adams		Registration Number, if PAC	
Street Address 460 Hunt Valley DR	Employer/Occupation/Labor Organization*	M D Y 04 05 10	Amount 25.00
City Reynoldsburg	State Oh Zip Code 43068	Form (Cash, Check, etc.) 6388	
Full Name of Contributor Tiberi For Congress		Registration Number, if PAC	
Street Address 2021 E Dublin Granville Rd	Employer/Occupation/Labor Organization*	M D Y 02 10 10	Amount 100.00
City Columbus	State Oh Zip Code 43229	Form (Cash, Check, etc.) 2962	
Full Name of Contributor John Hargrove		Registration Number, if PAC	
Street Address 1311 Summerfield Way	Employer/Occupation/Labor Organization*	M D Y 03 07 10	Amount 50.00
City Pickerington	State Oh Zip Code 43147	Form (Cash, Check, etc.) 7472	

* 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 \$

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