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

| Event Date 4/12/05 | |
|--------------------|--|
| Page Al | |

Prescribed by Secretary of State 03/0

| N. CO. W. S. F. D. | | | |
|---|---|---|--|
| Name of Committee in Full | | | |
| Full Name of Contributor | | | Registration Number, if PAC |
| Richard P. Conie | | | - September 1 values, il 1110 |
| Street Address | Employer/Occupati | on/Labor Organization* | M D Y Amount |
| 2939 Halstead Road | Employer occupation Dation Organization | | 0 4 2 0 0 5 \$500.00 |
| City | Starte | Zip Code | Form (Cash, Check, etc.) |
| Columbus | OH | 43221 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| G. Bradford Johnson | · | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount 0 4 2 0 0 5 \$500.00 |
| 1375 Briarcliffe Drive | Sta te | Zip Code | 0 4 2 0 0 5 \$500.00 Form (Cash, Check, etc.) |
| Powell | OH | 43065 | check |
| Full Name of Contributor | 011 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Registration Number, if PAC |
| Robert B. Barnett, Jr. | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount |
| 5087 Oakmont Place | | | 0 4 2 0 0 5 \$500.00 |
| City | Sta te | Zip Code | Form (Cash, Check, etc.) |
| Westerville | OH | 43082 | check |
| Full Name of Contributor | | | Registration Number, if PAC |
| Larry D. Clark Street Address | T | | M D V Amount |
| 1335 Dublin Rd, Ste. 210D | Employer/Occupation/Labor Organization* | | M |
| Columbus | Starte OH | Zip Code 43215 | Form (Cash, Check, etc.) check |
| Full Name of Contributor Gary B. Gitlitz | | | Registration Number, if PAC |
| Street Address | Employer/Occupation/Labor Organization* | | M D Y Amount |
| 235 Stanbery Ave. | | | 0 4 2 0 0 5 \$500.00 |
| ^{City} Bexley | OH Stal te | Zip Code 43209 | Form (Cash, Check, etc.) |
| Full Name of Contributor Jack L. Mautino, III | <u> </u> | | Registration Number, if PAC |
| Street Address | Employer/Occupation/Labor Organization* | | M 4 2 0 0 5 \$500.00 |
| 8201 Deep Run | | | |
| City Powell | OH. | Zip Code 43065 | Form (Cash, Check, etc.) Check |
| Full Name of Contributor Lori Steiner | | | Registration Number, if PAC |
| Street Address 8134 Crossgate Court North | Employer/Occupation/Labor Organization* | | 0 4 2 0 0 5 Amount \$500.00 |
| City Dublin | Stalte OH | Zip Code 43017 | Form (Cash, Check, etc.) Check |
| | | | |

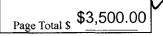
Fill in the boxes below only on the last page for this event.

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 con | a ibutions this event |
|-----------|-----------------------|
| | |
| | \$0.00 |

Total expenditures this event.

\$0.00



^{*} 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)]