

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 Valerie R. Harrell				Registration Number, if PAC			
Street Address 1449 Cottingham Ct. W.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Charles R. Santer				Registration Number, if PAC			
Street Address 1320 McCoy Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43220		Form (Cash, Check, etc.) check			
Full Name of Contributor Curtis J. Moody				Registration Number, if PAC			
Street Address 3887 Sunbury Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43219		Form (Cash, Check, etc.) check			
Full Name of Contributor Dawn R. Tyler				Registration Number, if PAC			
Street Address 2574 Dover Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Wilburn C. Weddington				Registration Number, if PAC			
Street Address 75 North Ohio Ave.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43203		Form (Cash, Check, etc.) check			
Full Name of Contributor Eric D. Carmichael				Registration Number, if PAC			
Street Address 1299 Brookwood Place		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) check			
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC			
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus	State OH	Zip Code 43209		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 \$ 1,050.00