

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Brad McCloud</b>					
Full Name of Contributor <b>Penny A. Basye</b>				Registration Number, if PAC	
Street Address <b>8785 Linick Dr.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Leslie Kelly</b>				Registration Number, if PAC	
Street Address <b>7410 Daugherty Rd.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>JoAnn Davidson</b>				Registration Number, if PAC	
Street Address <b>6639 Forrester Way</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Ellen B. Yen</b>				Registration Number, if PAC	
Street Address <b>7762 Fenway Rd.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Amanda M. Smith</b>				Registration Number, if PAC	
Street Address <b>8123 Rodebaugh Rd.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Betty D. Montgomery - this is not a duplicate, Ms. Montgomery gave 2/\$100 checks at event</b>				Registration Number, if PAC	
Street Address <b>1164 Dawn Rd.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Sarah Cannella</b>				Registration Number, if PAC	
Street Address <b>7120 White Butterfly Ln.</b>	Employer/Occupation/Labor Organization*			M <b>0</b>	D <b>9</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y <b>1</b>	Amount <b>\$100.00</b>	

\* 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 \$ **\$700.00**