

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Re-Elect King Trustee</b>					
Full Name of Contributor <b>Ron and Anne Geese</b>				Registration Number, if PAC	
Street Address <b>5584 Brand Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$75.00</b>
Full Name of Contributor <b>Jay Eggspuehler</b>				Registration Number, if PAC	
Street Address <b>7250 Coffman Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Robert Weisenberger</b>				Registration Number, if PAC	
Street Address <b>350 Glen Meadow Court</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Timothy Fallon, MD</b>				Registration Number, if PAC	
Street Address <b>68394 Glenagles Court</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Chris Cline</b>				Registration Number, if PAC	
Street Address <b>6060 Post Road</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Charles McClenaghan, LLC</b>				Registration Number, if PAC	
Street Address <b>4248 Tuller Road, STE 102</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Denice Williams</b>				Registration Number, if PAC	
Street Address <b>5684 Woodville Court</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Y <b>2</b>	Amount <b>\$30.00</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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 5505.00