

# 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 Andrew O. Eribo				Registration Number, if PAC			
Street Address 4636 Carrington Way		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) check			
Full Name of Contributor Melinda T. Swan				Registration Number, if PAC			
Street Address 2821 Kensington Place		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) check			
Full Name of Contributor Danielle Alexander				Registration Number, if PAC			
Street Address 7988 Priestley Drive		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) check			
Full Name of Contributor Anthony J. Dascenzo				Registration Number, if PAC			
Street Address 1012 Hunter Ave.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check			
Full Name of Contributor A. Robert Hutchins				Registration Number, if PAC			
Street Address 411 E. Town Street		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Robert W. McLaughlin				Registration Number, if PAC			
Street Address 105 W. Plum Street		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) check			
Full Name of Contributor Chilin Yu				Registration Number, if PAC			
Street Address 2322 Woodstock Road		Employer/Occupation/Labor Organization*		M 0	D 4	Y 0	Amount \$150.00
City Columbus		State OH	Zip Code 43221	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