

# 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 Tony Klco				Registration Number, if PAC	
Street Address 76 W. Tulane Road		Employer/Occupation/Labor Organization* ARK Productions		M 1	D 0
City Columbus		State OH	Zip Code 43202	Y 1	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor Edward Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization* Franklin County Tres.		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor The Brunner Firm CO., LPA				Registration Number, if PAC	
Street Address 545 East Town Street		Employer/Occupation/Labor Organization* Attorney		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Martha McFerran				Registration Number, if PAC	
Street Address 43 Fallis Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43214	Y 2	Amount 25
				Form (Cash, Check, etc.) check	
Full Name of Contributor Cynthia L. Ruccia				Registration Number, if PAC	
Street Address 1036 Grandon Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michele A. Pearson				Registration Number, if PAC	
Street Address 231 Ellis Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Marion		State OH	Zip Code 43302	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Oliver P. Jones				Registration Number, if PAC	
Street Address 113 W. Como Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43202	Y 2	Amount 50
				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

286.00  
Page Total \$ ~~00.00~~