

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 Margurite H. Turnbull			Registration Number, if PAC	
Street Address 4590 Knightsbridge Blvd., Apt. 301	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 35
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor J. Anthony Logan			Registration Number, if PAC	
Street Address 4740 Hayden Run Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 100
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Frank Macke			Registration Number, if PAC	
Street Address 370 E.Cook Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 300
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert M. Snow, Jr.			Registration Number, if PAC	
Street Address 1379 Wyandotte Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 50
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Poppe			Registration Number, if PAC	
Street Address 340 Clinton Heights Ave.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 100
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check	
Full Name of Contributor Deborah M. Craford			Registration Number, if PAC	
Street Address 33 Glencoe Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 100
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael J. Wihl			Registration Number, if PAC	
Street Address 764 1/2 South Sixth Street	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 0 5	Amount 35
City Columbus	State OH	Zip Code 43206	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

720.00
Page Total \$ **720.00**