

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Kambon, Edu							
Full Name of Contributor				Registration Number, if PAC			
Dr. Hazel P. Flowers							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
2774 Berwick Blvd	236-5859	10	10	13	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	Oh	43209	9978				
Full Name of Contributor				Registration Number, if PAC			
William or Nanette S Reynolds							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
7671 Fenway Rd	939-3456	10	10	13	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
New Albany	Oh	43054	10386				
Full Name of Contributor				Registration Number, if PAC			
Margaret Nivins							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
88 Brunson Ave		10	10	13	20.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	Oh	43203	2329				
Full Name of Contributor				Registration Number, if PAC			
Catherine T Willis							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
191 Melyers Ct	888-9929	10	10	13	50.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	Oh	43235	1767				
Full Name of Contributor				Registration Number, if PAC			
Shirley T Toler							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1438 Haddon Rd		10	10	13	65-		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	Oh	43209	7969				
Full Name of Contributor				Registration Number, if PAC			
Carlos Hood							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
893 Indian Mound Rd		10	10	13	30-		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	Ohio	43213	1016				
Full Name of Contributor				Registration Number, if PAC			
Barbara Motley							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
4306 Portobello Dr		10	10	13	50 -		
City	State	Zip Code	Form (Cash, Check, etc.)				
Cathanna	Ohio	43230					

* 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

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Total expenditures this event.

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Page Total \$

315.00

Shirley