Event Date	02/04/06
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

r rescribed by Se	ecretary of State 3/05					
mittee						
untiee	<del>`</del>	Dagistroti	on Mumi	hor if DA	C	
not for Examt Ambara	ing on 02/04/06	Registratio	OH INGHI	oei, ii r		
		МТ	n	Ιv	Amount	
Employer	pation/Eabor Organization			ı		14,900.00
State	Zin Code					14,200.00
	Zip code	Tomicus	n,en <b>c</b> on	,,010)		
		Registratio	on Num	ber, if PA	C.	
Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
State	Zip Code	Form(Cas	h,Check	,etc)		
· · · · · · · · · · · · · · · · · · ·		Registratio	on Num	ber, if PA	C	
Employer/Occur	nation/Lahor Organization*		. D	v	Amount	
Employer/Occu	pation Labor Organization			Î	Milount	
State	Zip Code	Form(Cas	h,Check	,etc)		
1		Registration	on Num	ber, if PA	C	
Employer/Occu	pation/Labor Organization*	M	D 	Y	Amount	
State	Zip Code	Form(Cas	h,Check	,etc)		
	<u></u>	Registratio	on Num	ber, if PA	C	··································
Employer/Occup	pation/Labor Organization*	M	D	Y	Amount	
State	Zip Code	Form(Cas	h,Check	,etc)		
		Registratio	on Numl	ber, if PA	C	
Employer/Occup	pation/Labor Organization*	M	D	Y	Amount	
State	Zip Code	Form(Cas	h,Check	,etc)		
		Registratio	on Num	ber, if PA	C	
Employer/Occup	pation/Labor Organization*	M	D 	Y	Amount	<del></del>
<u> </u>	Zip Code		h,Check	Щ.		
	Employer/Occu  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State  Employer/Occu  State	eet for Event Aubergine on 02/04/06  Employer/Occupation/Labor Organization*    State   Zip Code     Employer/Occupation/Labor Organization*	Registration    Employer/Occupation/Labor Organization*    Employer/	eet for Event Aubergine on 02/04/06  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check Registration Num  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check Registration Num  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check Registration Num  Employer/Occupation/Labor Organization*  Bemployer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  State Zip Code Form(Cash, Check Registration Num  Employer/Occupation/Labor Organization*  Bemployer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Registration Num  Employer/Occupation/Labor Organization*  Registration Num  Employer/Occupation/Labor Organization*  Registration Num	Registration Number, if PA  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*	Registration Number, if PAC  Employer/Occupation/Labor Organization*  Employer

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
14,000,00	0.00

Page Total \$ 14,900.00

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]