

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King					
Full Name of Contributor Donna K. Latif				Registration Number, if PAC	
Street Address 1451 Ardwick Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		
Full Name of Contributor Timothy P. McCarthy				Registration Number, if PAC	
Street Address 111 North Stanwood	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Bexley	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		
Full Name of Contributor Elizabethh M. Alguire				Registration Number, if PAC	
Street Address 1158 Norris Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43224	Form(Cash,Check,etc) Check		
Full Name of Contributor Donna Ramey				Registration Number, if PAC	
Street Address 1199 Norris Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 07
City Columbus	State OH	Zip Code 43224	Form(Cash,Check,etc) Check		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		

* 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)]

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

560.00

Total expenditures this event

350.00

Page Total \$ 205.00