

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Brad McCloud</b>					
Full Name of Contributor <b>Betty D. Montgomery</b>				Registration Number, if PAC	
Street Address <b>1164 Dawn Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Gregory B. Comfort</b>				Registration Number, if PAC	
Street Address <b>2275 Onandaga Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Nancy C. Frazier</b>				Registration Number, if PAC	
Street Address <b>1811 Sawgrass Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Georgia M. Deskins</b>				Registration Number, if PAC	
Street Address <b>6625 Schenk Ave.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Michael L. Kozanecki</b>				Registration Number, if PAC	
Street Address <b>8521 Morning Dew Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Pamela Boratyn</b>				Registration Number, if PAC	
Street Address <b>5490 Lynbrook Lane</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor <b>Mel Clemens</b>				Registration Number, if PAC	
Street Address <b>6594 Furth Dr.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>1</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>check</b>	

\* 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

**\$3,560.00**

Total expenditures this event.

**\$1,695.72**

Page Total \$ **\$700.00**