

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Re-Elect King Trustee			
Full Name of Contributor Daniel and Michaela Grandey			Registration Number, if PAC
Street Address 6456 Green Stone Loop	Employer/Occupation/Labor Organization*		M   D   Y   Amount 0   9   2   5   1   3   \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Bob and Sharon Adamek			Registration Number, if PAC
Street Address 4897 Lytfield Drive	Employer/Occupation/Labor Organization*		M   D   Y   Amount 0   9   2   5   1   3   \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor David Rinaldi			Registration Number, if PAC
Street Address 7871 Riverside Drive	Employer/Occupation/Labor Organization*		M   D   Y   Amount 0   9   2   5   1   3   \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co LPA			Registration Number, if PAC
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*		M   D   Y   Amount 0   9   2   5   1   3   \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount 0   9   2   5   1   3   \$90.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
City	State OH	Zip Code	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M   D   Y   Amount
City	State OH	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 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

Total expenditures this event.

\$1,795.00

\$0.00

Page Total \$ 590.00