

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee For The Positive Future Of Whitehall					
Full Name of Contributor LYNN OSCSENDORF				Registration Number, if PAC	
Street Address 579 MAPLEWOOD AVE	Employer/Occupation/Labor Organization* SELF EMPLOYED		M 1	D 0	Y 5
City WHITEHALL	State O	Zip Code 43213	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor DAVID BRIDGES				Registration Number, if PAC	
Street Address 154 WOODCLIFF	Employer/Occupation/Labor Organization* GOVT		M 1	D 0	Y 5
City WHITEHALL	State O	Zip Code 43213	Form(Cash,Check,etc) CASH		Amount 5.00
Full Name of Contributor CHRIS SMITH				Registration Number, if PAC	
Street Address 6446 HURLINGHAM	Employer/Occupation/Labor Organization* STUDENT		M 1	D 0	Y 5
City REYNOLDSBURG	State O	Zip Code 43068	Form(Cash,Check,etc) CASH		Amount 10.00
Full Name of Contributor PHIL ALLEN				Registration Number, if PAC	
Street Address 371 CUMBERLAND DR	Employer/Occupation/Labor Organization* CITY OF WHITEHALL		M 1	D 0	Y 5
City WHITEHALL	State O	Zip Code 43213	Form(Cash,Check,etc) CK		Amount 30.00
Full Name of Contributor DENISE ROBERGE				Registration Number, if PAC	
Street Address 372 CUMBERLAND DR	Employer/Occupation/Labor Organization* CUST SVC		M 1	D 0	Y 5
City WHITEHALL	State O	Zip Code 43213	Form(Cash,Check,etc) CASH		Amount 20.00
Full Name of Contributor KIM MAGGARD				Registration Number, if PAC	
Street Address 600 LINK	Employer/Occupation/Labor Organization* CITY OF WHITEHALL		M 1	D 0	Y 5
City WHITEHALL	State O	Zip Code 43213	Form(Cash,Check,etc) CK		Amount 30.00
Full Name of Contributor DAVE BRUNS				Registration Number, if PAC	
Street Address 15 E TOMPSKIN	Employer/Occupation/Labor Organization* MAINTENANCE		M 1	D 0	Y 5
City COLUMBUS	State O	Zip Code 43202	Form(Cash,Check,etc)		Amount 70.00

* 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

175.00

Total expenditures this event

540.25

Page Total \$ 175.00