

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Mike Wilts for School Board							
Full Name of Contributor Bill Buckel				Registration Number, if PAC			
Street Address 1641 Hess Blvd		Employer/Occupation/Labor Organization* Retired		M 9	D 29	Y 13	Amount 100
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) CK			
Full Name of Contributor Dr. Debra S. Hurtt				Registration Number, if PAC			
Street Address 255 E. Welch Ave		Employer/Occupation/Labor Organization* OWNS HER DENTAL PRACTICE		M 9	D 29	Y 13	Amount 100
City COLUMBUS		State OH	Zip Code 43207	Form (Cash, Check, etc.) CK			
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M 9	D 29	Y 13	Amount 20
City		State	Zip Code	Form (Cash, Check, etc.) CASH			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
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	Amount
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	Amount
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	Amount
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 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

220	
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Total expenditures this event.

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Page Total \$ 220
