

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Ian Nickey				Registration Number, if PAC	
Full Name of Contributor Tony Brigano				Registration Number, if PAC	
Street Address 3203 Galitay Crossing Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State OH	Zip Code 43221	Amount \$50		
Form (Cash, Check, etc.) check					
Full Name of Contributor Stephen Caminati				Registration Number, if PAC	
Street Address 2551 Henthorn Rd.	Employer/Occupation/Labor Organization* Melamed Communications		M 1	D 0	Y 8
City Columbus	State OH	Zip Code 43221	Amount \$250		
Form (Cash, Check, etc.) check					
Full Name of Contributor Jeff Hanin				Registration Number, if PAC	
Street Address 3370 E. Broad St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State OH	Zip Code 43213	Amount \$50		
Form (Cash, Check, etc.) check					
Full Name of Contributor Emerald Hernandez				Registration Number, if PAC	
Street Address 2411 River Oaks Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State OH	Zip Code 43228	Amount \$100		
Form (Cash, Check, etc.) check					
Full Name of Contributor Bruce Johnson				Registration Number, if PAC	
Street Address 7126 Hoover Blaine Ct.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Westerville	State OH	Zip Code 43081	Amount \$100		
Form (Cash, Check, etc.) check					
Full Name of Contributor Benjamin Kessler				Registration Number, if PAC	
Street Address 2555 Bryden Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Bexley	State OH	Zip Code 43209	Amount \$200		
Form (Cash, Check, etc.) check					
Full Name of Contributor Benjamin Lagemann				Registration Number, if PAC	
Street Address 5115 Broadview Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 8
City Columbus	State OH	Zip Code 43230	Amount \$50		
Form (Cash, Check, etc.) check					

* 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.

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