

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 307

Name of Committee in Full Friends of Sean McMullen					
Full Name of Contributor Katherine Chipps			Registration Number, if PAC		
Street Address 5990 East Livingston Avenue	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 5	Amount 5.00	
City Columbus	State O H	Zip Code 43232	Form (Cash, Check, etc.) Cash		
Full Name of Contributor			Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		M D Y
City			State		Zip Code
Full Name of Contributor			Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		M D Y
City			State		Zip Code
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City			State		Zip Code
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Street Address			Employer/Occupation/Labor Organization*		M D Y
City			State		Zip Code
Full Name of Contributor			Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*		M D Y
City			State		Zip Code

* 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

Total expenditures this event

Page Total \$ 5.00