

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Abbott for Office					
Full Name of Contributor Victor W. Paini, Jr.				Registration Number, if PAC N/A	
Street Address 7296 Porter Drive		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$100.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Toledo, Jr.				Registration Number, if PAC N/A	
Street Address 7160 Old Creek Lane		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$100.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor William M. Stobart				Registration Number, if PAC N/A	
Street Address 15 E. Columbus Street		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$75.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah R. Carpenter				Registration Number, if PAC N/A	
Street Address 130 W. Columbus Street		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Debbie M. Demkowicz				Registration Number, if PAC N/A	
Street Address 70 E. Columbus Street		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tresa Durkin				Registration Number, if PAC N/A	
Street Address 7293 Crossett Court		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vicki Lott				Registration Number, if PAC N/A	
Street Address 4900 Election House Road NW		Employer/Occupation/Labor Organization* N/A		M D Y 0 9 0 1 1 1	Amount \$50.00
City Lancaster		State OH	Zip Code 43110	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 475.00
