

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor James v. Maniance				Registration Number, if PAC	
Street Address 155 W. Main Street, 605 Waterford Tower		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor John Lowe				Registration Number, if PAC	
Street Address 362 Piedmont Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43214	Y 0	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Chester Willcox & Saxbe				Registration Number, if PAC	
Street Address 65 E. State Street, Suite 1000		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
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

\$1,925.00 ✓

Total expenditures this event.

\$0.00

Page Total \$1,100.00 ✓