

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Eddie Pauline</b>					
Full Name of Contributor <b>Christina Haddad</b>				Registration Number, if PAC	
Street Address <b>377 West Hubbard Ave</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$26.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Nadia Long</b>				Registration Number, if PAC	
Street Address <b>2132 Firestone Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$26.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Andrew Davisson</b>				Registration Number, if PAC	
Street Address <b>849 Bricker Blvd</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$26.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Ashley Davis</b>				Registration Number, if PAC	
Street Address <b>5559 Blue Lagoon Lane</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$26.00</b>
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Frank J. Larose Jr.</b>				Registration Number, if PAC	
Street Address <b>274 S. 3rd St. #2</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$26.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Darrin Klinger</b>				Registration Number, if PAC	
Street Address <b>3179 Terra Drive</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43228</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State <b>OH</b>	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

**\$230.00**

Total expenditures this event

**\$55.00**

Page Total \$ **\$230.00**