

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Paul Bingle							
Full Name of Contributor Goldie Brown				Registration Number, if PAC			
Street Address 4601 N High St		Employer/Occupation/Labor Organization* Goldie Brown & Assoc		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	0	9	1	25.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Chris Gawronski				Registration Number, if PAC			
Street Address 56 W Pacemont Rd		Employer/Occupation/Labor Organization* MORPC		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	0	9	1	30.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Joyce Swayne				Registration Number, if PAC			
Street Address 523 Crestview Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43202	0	9	1	100.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Greg Nutter				Registration Number, if PAC			
Street Address 196 W North Broadway		Employer/Occupation/Labor Organization* Miers		M	D	Y	Amount
City Columbus		State OH	Zip Code 43214	0	9	1	75.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Goldie Brown				Registration Number, if PAC			
Street Address 146 W North Broadway		Employer/Occupation/Labor Organization* Goldie Brown & Assoc		M	D	Y	Amount
City Columbus		State O H	Zip Code	1	0	0	50.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
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 \$ 280.00