Event	Date	10/18/09
Page	animienimenti	da constitución de la constituci

Statement of Contributions Received at a Social or Fundraising Event

	Tresembed by dee	retary of State 3/05					
Name of Committee in Full							
Lisa Whiting for School Board							
Full Name of Contributor					mber, if	PAC	
Contributor of \$25 or less				p	_		
Street Address	Employer/Occi	upation/Labor Organization*	М	D	Y	Amount	
							560.90
City	State	Zip Code	Form(C	ash,Che	ck,etc)		
Full Name of Contributor			Registra	ition Nu	mber, if	PAC	
Onno Steger							
Street Address	Employer/Occi	upation/Labor Organization*	М	D	Y	Amount	
1603 Guilford Rd				1 8	0 9		30.00
City	State	Zip Code	Form(C				
Columbus	OH	43221	K .	Checl			
Full Name of Contributor	10:**	in the state of th	กเลี้ยมของเหลาจอยมหลายเกร	000000000000000000000000000000000000000	mber, if	PAC	
Chuck Burkhart							
CRUCK DUFKRAFT Street Address	[Fmnlovar/Occi	upation/Labor Organization*	H _M	D	ΤΥ	Amount	**************************************
	Employer/Occi	apacion/ Easor Organización		l .	0 9		30.00
6108 Brienne Ct.	State	Zip Code	Form(C	Samuel and the contract of the	ad accommission was		JU.UC
City	į.	43026		Checl			
Hilliard	lo H	45020			mber, if	DAC	
Full Name of Contributor			Registra	ation Nu	mber, n	PAC	
Linda Hammond	occurrence of the second of th		Н	p	-		
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	
6091 Rays Way					0 9		30.00
City	State	Zip Code	Form(C				
Hilliard	O H	43026		Checl			
Full Name of Contributor			Registra	ation Nu	mber, if	PAC	
Andrew McCartt							
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
5068 Waycroft Ct.			1 0	1 8	0 9		50.00
City	State	Zip Code		ash,Che		_	
Hilliard	OH	43026		Chec	k		
Full Name of Contributor			Registra	ation Nu	ımber, if	PAC	
David King							
Street Address	Employer/Occ	upation/Labor Organization*	$+_{M}$	T D	ΙΥ	Amount	and a substitutive control of the substitutive control of
3745 Ridgewood Dr.	Employon, ossapation, East, organization		11:0	1 ! 2	0 9		50.00
Gity	State	Zip Code		ash,Che			00.00
Hilliard	OH	43026	8	Chec			
	LOIN	I TOULU			ımber, if	PAC	
Full Name of Contributor			(Neglati)	acion NU		, ,,,,,	
Albert Iosue		up of on / obos Our arimotics t	1.	In	TV	Amount	
Street Address	Employer/Occ	upation/Labor Organization*	M	D	100	E .	EO O
5793 Walterway Dr.		esta Colonia constituente con contrato de la constituente de la consti	1 0	Laurenia	and the second s		50.00
City	State	Zip Code	Form(C	ash,Che			
Hilliard	lo H	43026	1	Chec.	K		

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.

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Total contributions this event	Total expenditures this event	NAME OF THE PROPERTY OF THE PR
	Prince of the Control	Page Total \$ 800.90
		#2000000000000000000000000000000000000

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