

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Lisa Whiting for School Board</b>					
Full Name of Contributor <b>Contributor of \$25 or less</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
					Amount <b>560.90</b>
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor <b>Onno Steger</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>1603 Guilford Rd</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Columbus</b>	<b>O H</b>	<b>43221</b>	<b>Check</b>		
Full Name of Contributor <b>Chuck Burkhart</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>6108 Brienne Ct.</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Hilliard</b>	<b>O H</b>	<b>43026</b>	<b>Check</b>		
Full Name of Contributor <b>Linda Hammond</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>6091 Rays Way</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Hilliard</b>	<b>O H</b>	<b>43026</b>	<b>Check</b>		
Full Name of Contributor <b>Andrew McCartt</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>5068 Waycroft Ct.</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Hilliard</b>	<b>O H</b>	<b>43026</b>	<b>Check</b>		
Full Name of Contributor <b>David King</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>3745 Ridgewood Dr.</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Hilliard</b>	<b>O H</b>	<b>43026</b>	<b>Check</b>		
Full Name of Contributor <b>Albert Iosue</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
<b>5793 Walterway Dr.</b>			<b>1</b>	<b>0</b>	<b>18 0 9</b>
City	State	Zip Code	Form(Cash,Check,etc)		
<b>Hilliard</b>	<b>O H</b>	<b>43026</b>	<b>Check</b>		

\* 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 \$ 800.90