Event Date	04/19/09
Page	<u> </u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05				
Name of Committee in Full				
COMMITTEE TO ELECT RON STAKE				
Full Name of Contributor		Registration Number, if PAC		
Robert G. Munjas	<u> </u>			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 50.00		
9114 Cotswold Drive				
City	State Zip Code	Form(Cash,Check,etc)		
Pickerington	I V I B I V 3 I V I	Registration Number, if PAC		
Full Name of Contributor Richard S. Hudson		Registration Number, it FAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
1080 Tiffany Drive	annie o de la companya de la company	04 1909 50.00		
City	State Zip Code	Form(Cash,Check,etc)		
Reynoldsbura	0 H H3068	CHECK		
Full Name of Contributor		Registration Number, if PAC		
Barbara Welsh Poplis				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
1706 Pembrook Drive		0H1909 50.00		
City	State Zip Code 43068	Form(Cash,Check,etc)		
Reynoldsburg	0 17 13000	C NBCK		
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
325 Deer Trail Road	The state of the s	M D Y Amount 50,00		
City	State Zip Code	Form(Cash,Check,etc)		
Reynoldsburg	0 14 43068	CHECK		
Full Name of Contributor Registration Number, if PAC				
Mel S. Clemens				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
6594 Furth Drive		041909 50,00		
City	State Zip Code	Form(Cash,Check,etc)		
Keyno lospura	0 14 43068	CHECK		
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
Street Address 8175 Priestly Drive	rembroken.combanom.rsnor.cu8sinsanon.	041909 50.00		
CityReynoldsburg	State Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC		
Douglas A Lawrence				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 75.00		
7876 Meadowlark Lane N	State Zip Code	Form(Cash,Check,etc)		
City	State Zip Code 43068	Check		
The transfer of the transfer o		I UNEUR		
equired for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the				

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.

otal contributions this event	Total expenditures this event	2 32500
		Page Total \$ 7.00
		V

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)]