

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

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR WESTERVILLE					Registration Number, if PAC	
Full Name of Contributor METZ, BAILEY & Mc LOUGHLIN					M D Y Amount 09 03 08 80.00	
Street Address 33 E. SCHROCK RD		Employer/Occupation/Labor Organization* ATTORNEYS		Form (Cash, Check, etc.) CHECK		
City WESTERVILLE		State OH	Zip Code 43081			
Full Name of Contributor DAVID W. CHAMBERS					Registration Number, if PAC	
Street Address 927 PHILADELPHIA DR					M D Y Amount 09 19 08 100.00	
City WESTERVILLE		State OH	Zip Code 43081	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor CARRIE A. FOOR					Registration Number, if PAC	
Street Address 459 HEARTLAND MEADOWS CT					M D Y Amount 09 19 08 20.00	
City SUNBURY		State OH	Zip Code 43074-9363	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor SANDE M. SILER					Registration Number, if PAC	
Street Address 357 MUSKINGUM CT					M D Y Amount 09 19 08 20.00	
City GAHANNA		State OH	Zip Code 43230-2834	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor MARY J. JOHNSTON					Registration Number, if PAC	
Street Address 6927 SHERBROOK DR					M D Y Amount 09 19 08 40.00	
City WESTERVILLE		State OH	Zip Code 43082	Form (Cash, Check, etc.) CHECK		
Full Name of Contributor					Registration Number, if PAC	
Street Address					M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor					Registration Number, if PAC	
Street Address					M D Y Amount	
City		State OH	Zip Code	Form (Cash, Check, etc.)		

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ais1810
9/19

* 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

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Total expenditures this event.

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Page Total \$ 320.00