

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Doucher for Judge</b>					
Full Name of Contributor <b>Daphne Hawk</b>				Registration Number, if PAC	
Street Address <b>2374 White Road</b>		Employer/Occupation/Labor Organization* <b>Real Estate Instructor</b>		M   D   Y <b>0   6   0   2   1   0</b>	Amount <b>200.00</b>
City <b>Grove City</b>		State <b>O   H</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Toni Vanhorn-Stephenson</b>				Registration Number, if PAC	
Street Address <b>17950 SR 104</b>		Employer/Occupation/Labor Organization* <b>Sound Communications</b>		M   D   Y <b>0   6   0   2   1   0</b>	Amount <b>50.00</b>
City <b>Circleville</b>		State <b>O   H</b>	Zip Code <b>43113</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* 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

250.00

Total expenditures this event

0.00

Page Total \$ 250.00