Event Date	4/11/08
Page	1

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

Name of Contributor   Steve Durns   Employer/Occupation/Labor Organization*   M		Prescribed by Sec	retary of State 3/05			and the second second		***************************************	
Full Name of Contributer Steve Dunn  Sirvet Address  1728 Pearchale Rd  Starbucks  1728 Pearchale Rd  Starbucks  O			A	DC					
Steve Dunn		C	AMELUI CELLA	Committee Committee of the Committee of				warnanyayyya nywywana polityya maya color	
Super Address					Registration Number, if PAC				
1728 Peardale Rd		1		<u>  </u>	T r	1 37	TA		
State		1 ' '	•			1		<b>50.00</b>	
Columbus  O H 43229  Cash Full Name of Contributor  Dustin Hamilton  Street Address  Bull Name of Contributor  Chris Metzger  State   Zip Code   Check Full Name of Contributor  Registration Number, if PAC  State   Zip Code   Check Full Name of Contributor  Registration Number, if PAC  State   Zip Code   Check Full Name of Contributor  Roadress  822 Thurber Dr., Apt 7  City  Columbus  Full Name of Contributor  Columbus  Full Name of Contributor  Roadress  823 Thurber Dr., Apt 7  City  Columbus  Full Name of Contributor  Andrew Grego  Full Name of Contributor  Full Name of Contributor  James Moser  State Zip Code  O   H 43021  Full Name of Contributor  Full Name of								50.00	
Full Name of Contributor		4 .		Form(C	•				
Dustin Hamilton   Surea Address		$O \mid H \mid 43229$							
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	B			Registra	ition Num	ber, if PA	C		
A545 Lakeside St., Apt E		In		<del>  ,,</del>	T 5	1 1/2	1 A		
State   Zip Code   Cash   Ca		Employer/Occupa	ation/Labor Organization*		1	1	R	E0.00	
Columbus			le: a i					30.00	
Full Name of Contributor	1 -			Form(C					
Chris Metzger   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   5482 Beresford St.   State   Zip Code   Check   Chec			43233		THE RESIDENCE OF THE PARTY OF T	2012/2014/02/22/2017/03/03			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registra	ition Num	iber, if PA	i.C		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		T			1 5	1 37	r		
State   Zip Code   Form(Cash, Check, etc)   Check		Employer/Occupa	ation/Labor Organization*	1	1	1	l .	E0.00	
Canal Winchester  Canal Winchester  Full Name of Contributor  Ron Jenkins  Street Address  Street Address  Street Address  Columbus  Full Name of Contributor  Columbus  Full Name of Contributor  Columbus  Full Name of Contributor  Andrew Grego  Street Address  5837 Harrow Glen Ct.  City  Galena  Full Name of Contributor  State  O H 43021  Employer/Occupation/Labor Organization*  Full Name of Contributor  Galena  Full Name of Contributor  James Moser  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  James Moser  Street Address  Full Name of Contributor  State  O H 43021  Check  Registration Number, if PAC  Registration Number, if PAC  State  O H 43021  Check  Registration Number, if PAC  State  O H 43021  Form(Cash, Check, etc)  Check  Registration Number, if PAC  State  O H 43021  Form(Cash, Check, etc)  Check  Form(Cash, Check, etc)  Check  Full Name of Contributor  Full			Ic. a i					30.00	
Full Name of Contributor  Ron Jenkins  Street Address  Street	1 ·	1		1 '					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		IO H	4311U			WATER CONTRACTOR OF THE PERSON			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registra	ition Num	iber, if PA	iC .		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					1 .	1			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*		l l	1	1	2	50.00	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			T					50.00	
Full Name of Contributor  Andrew Grego  Street Address  5837 Harrow Glen Ct.  City  Galena  Gull Name of Contributor  James Moser  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  James Moser  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Full Name of Contributor  Galena  O H 43021  Employer/Occupation/Labor Organization*  Form(Cash, Check, etc)  O H 43021  Check  Form(Cash, Check, etc)  Check  Form(Cash, Check, etc)  Check  Full Name of Contributor  I an Calvert  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  I an Calvert  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  I an Calvert  Street Address  State  State  Check  Form(Cash, Check, etc)  Check  Check  Check  Check  Check  Check  Check  Check  Check	a *	1		1					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		$10 \mid H$	43215	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	With the second	THE RESIDENCE OF THE PERSON NAMED IN	RN ASSENTE		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City Galena Ground Glen Ct.  Guera Galena Ground Glen Ct.  State Jip Code Check  Registration Number, if PAC    State Code Check   Registration Number, if PAC		Employer/Occupation/Labor Organization*			1	1	1	F0 00	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			1					50.00	
Full Name of Contributor  James Moser  Street Address  5837 Harrow Glen Ct.  City  Galena  Full Name of Contributor  Ian Calvert  Street Address  31 Thurman Ave  City  Columbus  State $O \mid H$ State $O \mid H$ State $O \mid H$ Amount $O \mid A \mid 1 \mid 1 \mid 0 \mid 8$ Form(Cash, Check, etc)  Check  Registration Number, if PAC  Form(Cash, Check, etc)  Check  Registration Number, if PAC  Form(Cash, Check, etc)  Check  Form(Cash, Check, etc)  Check  Form(Cash, Check, etc)  Form(Cash, Check, etc)  Check  Form(Cash, Check, etc)  Check	T ·	3		Form(C					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		10 H	43021		STREET,	40.7224544144155555555			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1			Registra	ation Num	nber, if PA	AC .		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						1	Y		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*			1	1		F0.00	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								50.00	
Full Name of Contributor	§								
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		IO H	43021	CONTRACTOR OF THE PARTY OF THE	eterrorrerrerrerrerrer	***************************************			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registra	ation Nun	aber, if PA	AC.		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City State Zip Code Form(Cash,Check,etc) Columbus O H 43206 Check		Employer/Occupation/Labor Organization*			1	1		<b>5</b> 0.00	
Columbus O H 43206 Check								50.00	
	The state of the s			Form(C					
a wind for a tribution form individuals grow \$100 to eteropyide and conoral assembly condidates. If contributor is self-employed, the accompanies of the	Columbus	$10 \mid H$	43206		Chec	K			
	in 1 for a section of the section in dividuals over \$100 to extensive and and	aral accombly condi	dates. If contributor is salf amo	aloved the	occupatio	n 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.

Total contributions this event	Total expenditures this event	
		Page Total \$ 350.00
925.00		

<sup>\*</sup> 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)]