

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

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR STEPHEN RENNER FOR GAHANNA COUNCIL				
Full Name of Contributor DAVID RENNER			Registration Number, if PAC	
Street Address 2333 BRANDON ROAD	Employer/Occupation/Labor Organization* OHIO STATE UNIVERSITY		M 07	D 17
City UPPER ARLINGTON	State OH	Zip Code 43221	Y 13	Amount 200.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor LEWIS GRIFFIN			Registration Number, if PAC	
Street Address 2737 COLTS NECK RD	Employer/Occupation/Labor Organization*		M 07	D 17
City BLACKICK	State OH	Zip Code 43004	Y 13	Amount 150.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor STEVEN J. & JENNIFER PRICE			Registration Number, if PAC	
Street Address 1173 RIFE AVE	Employer/Occupation/Labor Organization*		M 07	D 17
City GAHANNA	State OH	Zip Code 43230	Y 13	Amount 25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor ERIL R. MILLER			Registration Number, if PAC	
Street Address 588 WILKHAM WAY	Employer/Occupation/Labor Organization*		M 07	D 17
City GAHANNA	State OH	Zip Code 43230	Y 13	Amount 25.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor THOMAS R. KNEELAND			Registration Number, if PAC	
Street Address 123 SERRAN DRIVE	Employer/Occupation/Labor Organization*		M 07	D 17
City GAHANNA	State OH	Zip Code 43230	Y 13	Amount 100.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor THOMAS J. WESTER			Registration Number, if PAC	
Street Address 888 LUDWIG DRIVE	Employer/Occupation/Labor Organization*		M 07	D 17
City GAHANNA	State OH	Zip Code 43230	Y 13	Amount 100.00
Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JAMES T. WATKINS			Registration Number, if PAC	
Street Address 7854 ASTRA CIRCLE	Employer/Occupation/Labor Organization*		M 07	D 17
City GAHANNA	State OH	Zip Code 43230	Y 13	Amount 100.00
Form (Cash, Check, etc.) CHECK				

* 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

\$1250 | —

Total expenditures this event.

— 0 —

\$700.00