

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 STEPHANIE KUNZE				
Full Name of Contributor			Registration Number, if PAC	
Kelly Grimm				
Street Address	Employer/Occupation/Labor Organization*		M	D
1969 Sutter Parkway			0	3
City	State	Zip Code	Y	Amount
Dublin	OH	43016	0	15.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Paula Raymond				
Street Address	Employer/Occupation/Labor Organization*		M	D
8135 Hillingdon Drive			0	3
City	State	Zip Code	Y	Amount
Powell	OH	43065	0	15.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Janet Steitz				
Street Address	Employer/Occupation/Labor Organization*		M	D
4764 Riverwood Drive			0	3
City	State	Zip Code	Y	Amount
Hilliard	OH	43026	0	15.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Joanne Pratt				
Street Address	Employer/Occupation/Labor Organization*		M	D
5249 Westbreeze Court			0	3
City	State	Zip Code	Y	Amount
Hilliard	OH	43026	0	15.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Joe Ann Ciardelli				
Street Address	Employer/Occupation/Labor Organization*		M	D
3135 Mt Holyoke Road			0	3
City	State	Zip Code	Y	Amount
Upper Arlington	OH	43221	0	25.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Mike Windsor				
Street Address	Employer/Occupation/Labor Organization*		M	D
7589 Forest Knoll Drive			0	3
City	State	Zip Code	Y	Amount
Dublin	OH	43017	0	25.00
Form (Cash, Check, etc.)				
Cash				
Full Name of Contributor			Registration Number, if PAC	
Doug Jackson				
Street Address	Employer/Occupation/Labor Organization*		M	D
3261 Prarie Gardens			0	3
City	State	Zip Code	Y	Amount
Hilliard	OH	43026	0	30.00
Form (Cash, Check, etc.)				
Cash				

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 140.00