Event Date	4/11/08
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Name of Contributor State Zip Code Cardens Car		Prescribed by Secretary of State 3/05	
Fail Name of Contributor Street Address State Zip Code Columbus C	8	CAMPIOTOTIA	DC.
State	Anna Anna and an anna an anna an anna an anna an an a	CAMELOI CELLA	
State Address Displayer/Occupation/Labor Organization*			Registration Number, if PAC
State Zip Code Check C	<u> </u>		
State Zip Code Form/Cash Check, etc.		Employer/Occupation/Labor Organization*	
New Albany	3579 Gatewater Blvd		
Full Name of Contributor Carl Ciardelli		I -	\$200 PART AND
Street Address		O H 43054	ACCUSATE AND ACCUSATE AND ACCUSATE ACCUSATION AND ACCUSATION AND ACCUSATION ACCUSATION.
Super Address			Registration Number, if PAC
August Columbus	Carl Ciardelli		
State Zip Code Check Form/Cash.Cack.etc Check Form/Cash.Cack.etc Check C	Street Address	Employer/Occupation/Labor Organization*	1 1 1 K
Columbus	440 Village Drive		
Full Name of Contributor Greg Schlugbaum Street Address 440 Village Drive State Zip Code Columbus Parameter (Capabion/Labor Organization* Street Address Street Address Employer/Occupation/Labor Organization* M D Y Amount Old 1 1 1 0 8 50.00 City State Zip Code Columbus Parameter (Capabion/Labor Organization* M D Y Amount Old 1 1 1 1 0 8 50.00 City State Zip Code Check Columbus O H 43214 Check, etc) Check Columbus O H 43214 Check Check Columbus O H 43214 Check	City	1 1 2	
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Street Address	1		Registration Number, if PAC
A40 Village Drive	Greg Schlugbaum		
State Zip Code Form(Cash, Check, etc) Check	Street Address	Employer/Occupation/Labor Organization*	
Columbus	440 Village Drive		
Full Name of Contributor Brian Endicott		1 *	
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor		Registration Number, if PAC
State Zip Code Form(Cash, Check, etc) Check	Brian Endicott		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occupation/Labor Organization*	1 1 1 1
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	588 Chatham Rd		
Full Name of Contributor Scott Irish Street Address Employer/Occupation/Labor Organization* M D Y Amount O 4 1 1 0 8 50.00 State Zip Code Check Dublin C H 43016 Check Check Full Name of Contributor Registration Number, if PAC State Zip Code Check Employer/Occupation/Labor Organization* M D Y Amount O 4 1 1 0 8 50.00 Check	1 ·		
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Scott Irish		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	4466 Tuttles Point Dr.		
Full Name of Contributor Rick Edwards Street Address 442 West First Ave City Columbus Full Name of Contributor Wayne Henry Street Address 213 Powhatan City Columbus State Columbus Employer/Occupation/Labor Organization* O H 43201 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* M D Y Amount Check Registration Number, if PAC State Zip Code Form(Cash, Check, etc) O H 43204 Check Check Columbus O 4 1 1 0 8 State Zip Code Form(Cash, Check, etc) Check		1 .	The state of the s
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor		Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Rick Edwards		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occupation/Labor Organization*	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	442 West First Ave		
Full Name of Contributor Wayne Henry Street Address 213 Powhatan City Columbus Employer/Occupation/Labor Organization* State		1 1 •	
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor		Registration Number, if PAC
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Wayne Henry		
City State Zip Code Form(Cash,Check,etc) Check		Employer/Occupation/Labor Organization*	
City State Zip Code Form(Cash,Check,etc) Check	213 Powhatan		0 4 1 1 0 8 50.0
	City	1 1 -	
	Columbus	O H 43204	Check

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 \$ 375.00
925.00		L

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)]