

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Shane Ewald					
Full Name of Contributor Starla D. Hughes				Registration Number, if PAC	
Street Address 166 Shepard St.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Eric R. Miller				Registration Number, if PAC	
Street Address 588 Wickham Way		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 100.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael D. Hexamer				Registration Number, if PAC	
Street Address 1170 E. Choctaw Dr.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 100.00
City London	State O H	Zip Code 43140		Form(Cash,Check,etc) Check	
Full Name of Contributor Kenneth M. Shepherd				Registration Number, if PAC	
Street Address 856 Humboldt Drive W.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 60.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Barbara Spence				Registration Number, if PAC	
Street Address 1188 Sanctuary Pl.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 150.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas L. Weber				Registration Number, if PAC	
Street Address 146 Granville St.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 50.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Linda R. Kurtz				Registration Number, if PAC	
Street Address 125 Nob Hill Dr. S.		Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 50.00
City Gahanna	State O H	Zip Code 43230		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 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

960.00

Total expenditures this event

0.00

Page Total \$ 560.00