

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

Prescribed by Secretary of State 03/05

Event Date 9/15/07
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Name of Committee in Full				
Full Name of Contributor <u>Deborah Cousins</u>			Registration Number, if PAC	
Street Address <u>66 IMPERIAL Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>25.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>George H. Hannah</u>			Registration Number, if PAC	
Street Address <u>2466 Liston Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>25.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43207</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Laura H. Tanyhill</u>			Registration Number, if PAC	
Street Address <u>421 Sunrise Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>25.00</u>
City <u>Syracuse</u>	State <u>NY</u>	Zip Code <u>13205</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Elorra Clayton</u>			Registration Number, if PAC	
Street Address <u>3295 Jacklin Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>50.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Brenba Thomas</u>			Registration Number, if PAC	
Street Address <u>4404 Valley Quail Blvd</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>50.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Phyllis A. Briggs</u>			Registration Number, if PAC	
Street Address <u>3316 Jacklin Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>25.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Kyra Hopkins</u>			Registration Number, if PAC	
Street Address <u>4915 Labelle Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>10 24 07</u>	Amount <u>25.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</u>	Form (Cash, Check, etc.) <u>check</u>	

* 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~~
475.00

Total expenditures this event.

\$0.00

Page Total \$

225.00