

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Printer for Council							
Full Name of Contributor				Amount			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
Larry Priddy		Franklin City Prosecutor		03	03	11	30
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliand		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Shamus Cassidy							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5385 Cedar Branch Way		Robert Smith, LLP		03	03	11	30
City		State	Zip Code	Form (Cash, Check, etc.)			
Dublin		OH	43016	Check			
Full Name of Contributor				Registration Number, if PAC			
Ken Hefenstein							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3337 Seeto Glen Dr		Canon Hefenstein		03	03	11	40
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliand		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Peter Lupina							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1730 King Ave, Unit D				03	03	11	40
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43212	Check			
Full Name of Contributor				Registration Number, if PAC			
Daniel Hawkins							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
630 Lawson Drive		Franklin City Prosecutor		03	03	11	50
City		State	Zip Code	Form (Cash, Check, etc.)			
Westerville		OH	43081	Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Stoner							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4200 Dublin Rd				03	28	11	30
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43221	Check			
Full Name of Contributor				Registration Number, if PAC			
Bill Blake							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6200 Pollard Place Dr		Alliance Data System		03	03	11	50
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliand		OH	43026	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

1,370 00

Total expenditures this event.

10 00

Page Total \$

270