

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
COMMITTEE TO ELECT RON STAKE					
Full Name of Contributor					Registration Number, if PAC
Patricia A. Basye					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7471 Smithfield Ave			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Terry D. Black					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
340 Deer Trail Road			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Timothy Dunn					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
683 Mirandy Place			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Sally Cochran					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1275 East Drive			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Robert K. Burke					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1173 Addison Drive			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Kenneth Hoover					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
8200 East Main Street			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	CHECK		
Full Name of Contributor					Registration Number, if PAC
Robert L. McPherson					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7595 Palmer Road S.W.			0	4	09
City	State	Zip Code	Form (Cash, Check, etc)		
Reynoldsburg	OH	43068	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

1,600.00

Total expenditures this event

Page Total \$ 330.00