

Event Date	10/15/07
Page	39

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Full Name of Contributor						Registration Number, if PAC	
Nirmal K. Sinha							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6470 Meadowbrook Cir				11	02	07	100.00
City		State	Zip Code	Form (Cash, Check, etc)			
Worthington		OH	43065	check			
Full Name of Contributor						Registration Number, if PAC	
David Hull							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5689 Strathmore Lane				10	02	07	25.00
City		State	Zip Code	Form (Cash, Check, etc)			
Dublin		OH	43017	check			
Full Name of Contributor						Registration Number, if PAC	
David W Robinson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
816 Summit St				10	02	07	50.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		OH	43215	check			
Full Name of Contributor						Registration Number, if PAC	
Suzanna D Gussler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3893 Criswell Dr.				10	02	07	250.00
City		State	Zip Code	Form (Cash, Check, etc)			
Upper Arlington		OH	43220	check			
Full Name of Contributor						Registration Number, if PAC	
Gregory A. Cunningham							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
670 Glenmont Ave				10	02	07	100.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		OH	43214	check			
Full Name of Contributor						Registration Number, if PAC	
James P. Joyce							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3770 Ridge Mill Dr.				10	02	07	300.00
City		State	Zip Code	Form (Cash, Check, etc)			
Hilliard		OH	43026	check			
Full Name of Contributor						Registration Number, if PAC	
Susan E Ashbrook							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2994 Crescent Dr.				10	02	07	250.00
City		State	Zip Code	Form (Cash, Check, etc)			
Columbus		OH	43204	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

Total expenditures this event

Page Total \$ 1,075.00