Event Date	9/26/08
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

State   City   Columbus   Employer/Occupation/Labor Organization   M   D   Amount   Address   Limployer/Occupation/Labor Organization   M   D   Amount   M   D   M   M   D   Amount   M   M   D   M   M   M   M   M   M   M		Prescribed by Seci	retary of State 3/05		***************************************	
Fall Name of Contributor   Kelly Herbster		· ·	T T			
Fall Name of Contributor   Kelly Herbster	Dingus For Judge	Way	yne Henry			
Size   Address   Employer/Occupation/Labor Organization*				Registration Number, if PAC	Registration Number, if PAC	
Size   Address   Employer/Occupation/Labor Organization*						
State   Columbus   C	Street Address	Employer/Occupa	ntion/Labor Organization*		OF 00	
State	1773 Harrington Dr				25.00	
Full Name of Countributor   Steve Dunn   State   Zip Code   Cash   State   Zip Code   Z	City					
Steve   Durn   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   D   Y   D   Y   Amount   D   Y		$\downarrow O \mid H \mid$	43229			
Employer/Occupation/Labor Organization*				Registration Number, if PAC		
Employer/Occupation/Labor Organization*			<u> </u>	<del></del>		
Total Name of Contributor	Street Address	1			100.00	
Columbus	1728 N Peardale				100.00	
Full Name of Contributor   Chris Metzger   Employer/Occupation/Labor Organization*   M   D   Y   Amount		•				
Chris Metzger   Employer/Occupation/Labor Organization*		LO H	43229			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
State	Street Address	Employer/Occupa	ation/Labor Organization*		OF 00	
City	5482 Beresford St		<del></del>	0 9 2 6 0 8	25.00	
Registration Number, if PAC						
Registration Number, if PAC	Canal Winchester	I O H	43110			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ron Jenkins					
State   Zip Code   Form(Cash, Check, etc)   Cash	Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		05.00	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	832 Thurber Dr #7				25.00	
Full Name of Contributor  Carl Ciardelli  Street Address  440 Village Dr  City  Columbus  Street Address  440 Village Dr  City  Columbus  Full Name of Contributor  Greg Schlaugbaum  Street Address  440 Village Dr  State  Check  Form(Cash, Check, etc)  Check  Registration Number, if PAC  Check  Registration Number, if PAC  Check  Registration Number, if PAC  Check  Form(Cash, Check, etc)  Check  Registration Number, if PAC  Columbus  Amount  O 9 2 6 0 8  100.6  City  Columbus  Amount  O 9 2 6 0 8  Tom(Cash, Check, etc)  Check  Check  Columbus  Full Name of Contributor  State  Columbus  Full Name of Contributor  Scott Irish  Street Address  4466 Tuttles Point Dr	<b>3</b> -	1				
Carl Ciardelli		IO H	43215			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	•			Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				<del></del>		
City State Columbus  Full Name of Contributor  City State Columbus  Full Name of Contributor  City State Columbus  Employer/Occupation/Labor Organization*  M D Y Amount  M Carmel City Columbus  Full Name of Contributor  State Cip Code  Columbus  Full Name of Contributor  Scott Irish  Street Address  4466 Tuttles Point Dr  State Cip Code  O H A3214  Employer/Occupation/Labor Organization*  M D Y Amount  O 9 2 6 0 8  35.				1 1 1 8	100.00	
City Columbus Full Name of Contributor Greg Schlaugbaum Street Address 440 Village Dr  City Columbus Full Name of Contributor  State Address Address Full Name of Contributor  State Address Full Name of Contributor  State Columbus Full Name of Contributor  Scott Irish Street Address Address Address Full Name of Contributor  Scott Irish Street Address Address Address Full Name of Contributor  Scott Irish Street Address Address Full Name of Contributor  Scott Irish Street Address Address Address Full Name of Contributor Scott Irish Street Address Address Address Full Name of Contributor Scott Irish Street Address Address Address Full Name of Contributor Scott Irish Street Address Address Address Full Name of Contributor Scott Irish Street Address Address Address Address Full Name of Contributor Scott Irish Street Address Address Address Address Full Name of Contributor Scott Irish Street Address Addr	440 Village Dr			0 9 2 6 0 8	100.00	
Full Name of Contributor  Greg Schlaugbaum  Street Address  440 Village Dr  City  Columbus  Full Name of Contributor  Street Address  Full Name of Contributor  Scott Irish  Street Address  4466 Tuttles Point Dr  Registration Number, if PAC  Registration Number, if PAC  State  Zip Code  O H 43214  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  State  O H 43214  Registration Number, if PAC  Street Address  PAC  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  O 9 2 6 0 8 35.	City	1				
Greg Schlaugbaum  Street Address  440 Village Dr  City  Columbus  Full Name of Contributor  Scott Irish  Street Address  4466 Tuttles Point Dr  Employer/Occupation/Labor Organization*  M D Y Amount  0 9 2 6 0 8 100.0  Form(Cash,Check,ete)  Check  Registration Number, if PAC	Columbus	I O H	J 43214			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Number, if PAC		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Greg Schlaugbaum		***************************************			
City Columbus Columbus Full Name of Contributor Scott Irish Street Address 4466 Tuttles Point Dr  State  State  Zip Code O H  43214 Check Registration Number, if PAC  Street Address O 9 2 6 0 8 35.	Street Address	1	_			
City Columbus Full Name of Contributor Scott Irish Street Address 4466 Tuttles Point Dr  State O H  State Cip Code A3214 Form(Cash,Check,etc) Check Registration Number, if PAC  Street Address O 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	440 Village Dr				100.00	
Full Name of Contributor  Scott Irish  Street Address  4466 Tuttles Point Dr  Registration Number, if PAC    Registration Number, if PAC	City	·				
Scott Irish Street Address 4466 Tuttles Point Dr  Employer/Occupation/Labor Organization*  M D Y Amount 0 9 2 6 0 8 35.		LOH	J 43214			
Street Address 4466 Tuttles Point Dr  Employer/Occupation/Labor Organization*  M D Y Amount  0 9 2 6 0 8 35.	•			Registration Number, if PAC		
Street Address 4466 Tuttles Point Dr  Employer/Occupation/Labor Organization*  M D Y Amount  0 9 2 6 0 8 35.						
4400 Tuttles Fort Di	Street Address	Employer/Occup	ation/Labor Organization*	1 - 1 - 1		
Transport (Coals Chook ota)	4466 Tuttles Point Dr			0 9 2 6 0 8	35.00	
Cny (2016)	City	l l			1917	
Dublin O H 43016 Cash	Dublin	I O H	43016	Cash	Contract of the Contract of th	
Light of the companies and the name of the				and the second of the second	file	

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 \$ 410,00
575.00		

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupa 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)]