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

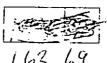
Name of Committee in Full	- Textical by Seelel	my or state output	
Name of Committee in Full Schottice for GC Full Name of Contributor Richard L. Stage Street Address 2733 Woodgrove Dr City Grove City Full Name of Contributor			
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Richard L. Stage			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2733 Woodgrove Dr			101215 50,00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Yame of Contributor	OH	43123	CK
Josephine L. Eberhard Street Address P.O. Box 6-1533 Fber-her Vista City Crove Cety Employer/Occupation/Labor Organization* State Zip Code OH 43123			Registration Number, if PAC
Employer/Occupation/Labor Organization*			M D Y Amount
Rio, Box 6-1533 Fber hea Vista			101115 50,00
Grant C 4	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	DA	43123	CK
			Registration Number, if PAC
Street Address	Empley or Conven	All and the December of the	NE I D I V
	Employer, Occupation/Labor Organization*		M D Yi Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
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City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
-			Registration Number, if PAC
Street Address	Employer Occurre	San Takan O	M D Y Amount
	Employer/Occupation/Labor Organization*		M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
		•	a start country city
Full Name of Contributor		<u>-1</u>	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
			
City	Sta te	Zîp Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to statewide	and General Asse	mbly candidates. If contribute	or is self-employed, the occupation and the name of

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 \$ /00.00

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)]