

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

Prescribed by Secretary of State 03/05

|  |   |                          |  |                           |
|--|---|--------------------------|--|---------------------------|
| Name of Committee in Full<br><b>Citizens for Doug Jackson</b>    |   |                          |  |                           |
| Full Name of Contributor<br><b>Timothy Oyster</b>                |   |                          | Registration Number, if PAC                          |                           |
| Street Address<br><b>4630 Coolbrook Dr</b>                       | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   3   1   0   9</b>            | Amount<br><b>\$50.00</b>  |
| City<br><b>Hilliard</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43026</b> | Form (Cash, Check, etc.)<br><b>Check</b>             |                           |
| Full Name of Contributor<br><b>Donald Schonhardt</b>             |   |                          | Registration Number, if PAC                          |                           |
| Street Address<br><b>3750 Cemetery Road</b>                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   3   1   0   9</b>            | Amount<br><b>\$50.00</b>  |
| City<br><b>Hilliard</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43026</b> | Form (Cash, Check, etc.)<br><b>Check</b>             |                           |
| Full Name of Contributor<br><b>Contributions of \$25 or less</b> |   |                          | Registration Number, if PAC                          |                           |
| Street Address   | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>0   3   3   1   0   9</b>            | Amount<br><b>\$175.00</b> |
| City   | State<br><b>OH</b>                      | Zip Code                 | Form (Cash, Check, etc.)<br><b>Cash &amp; Checks</b> |                           |
| Full Name of Contributor   |   |                          | Registration Number, if PAC                          |                           |
| Street Address   | Employer/Occupation/Labor Organization* |                          | M   D   Y  | Amount                    |
| City   | State<br><b>OH</b>                      | 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   | State<br><b>OH</b>                      | 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   | State<br><b>OH</b>                      | 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   | State<br><b>OH</b>                      | Zip Code                 | Form (Cash, Check, etc.)                             |                           |

\* 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

**\$275.00**

Total expenditures this event.

**\$240.18**

Page Total \$

**\$275.00**