

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

Prescribed by Secretary of State 03/05

Event Date 9-18-11  
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Name of Committee in Full					
Full Name of Contributor <u>John/Mary Jane Metcalf</u>					Registration Number, if PAC
Street Address <u>7188 Charlton Ct</u>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>09</u>   <u>18</u>   <u>11</u>   <u>50.00</u>	
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Mike Delwitt</u>					Registration Number, if PAC
Street Address <u>51 John Anne Circle</u>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>09</u>   <u>18</u>   <u>11</u>   <u>25.00</u>	
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Bob Garbe</u>					Registration Number, if PAC
Street Address <u>1007 Groveport Rd</u>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>09</u>   <u>18</u>   <u>11</u>   <u>25.00</u>	
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Mel/Steve Donahue</u>					Registration Number, if PAC
Street Address <u>257 Old Coach Pl</u>		Employer/Occupation/Labor Organization*		M   D   Y   Amount <u>09</u>   <u>18</u>   <u>11</u>   <u>50.00</u>	
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor					Registration Number, if PAC
Street Address		Employer/Occupation/Labor Organization*		M   D   Y   Amount	
City	State	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	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	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

Total expenditures this event.

\$ 1525.00

290.14

Page Total \$ 150.00