

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

Event Date <u>092907</u>
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Prescribed by Secretary of State 03/05

No. of Communication of the Co					
MELODY FOR DUBLIN SCHOOL BOARD					
Full Name of Contributor INARY JO FRESCH	Registration Number, if PAC				
Street Address 8174 BALLOCH CT.	Employer/Occupation/Labor Organization*		M 9 D 9 Y Amount 25. 00		
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor  WILLIAM A. COONTZ	Registration Number, if PAC				
8118 SHANNON GLEN BLVD.	Employer/Occupation/Labor Organization*		M 9 2 9 0 7 50.00		
City DUBLIN	State OH	Zip Code 4.3016	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor GAIL W. Me Coy			Registration Number, if PAC		
S159 CROSSGATE CT N.	Employer/Occupation/Labor Organization*		M 9 2 9 0 7 50, 00		
DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor  DENISE F. ETCHISON			Registration Number, if PAC		
Street Address 5800 TARTON CIRCLE N	Employer/Occupation/Labor Organization*		0 9 2 9 0 7 Amount 40. 00		
DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor  SCOTT STREATOK  Registration Number, if PAC					
Street Address 6030 SPRINGBURN DR.	Employer/Occupation/Labor Organization*		M 9 2 9 0 7 75, 00		
DUBLIN	OH.	zip Code 43017	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor VIRGIL A. TEMPLE			Registration Number, if PAC		
Street Address 8173 BALLOCH CT.	Employer/Occupation/Labor Organization*		M 9 29 0 7 50.00		
DUBLIN	OH.	Zip Code 43017	Form (Cash, Check, etc.)  CHECK		
Full Name of Contributor  MICHAEL E. NUTTER			Registration Number, if PAC		
Street Address 5671 LOCH BROOM CIRCLE		on/Labor Organization*	M 9 2 9 0 7 Amount /00, 60		
DUBLIN	Staite OH	Zip Code 43017	Form (Cash, Check, etc.)  CHECIC		

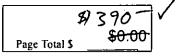
Fill in the boxes below only on the last page for this event.

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

Iotal contributions this event	
	l
· \$0.00	
1	ı

Total expenditures this event.

\$0.00



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)]