

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

Prescribed by Secretary of State 03/05

Name of Committee in Full MELODY FOR DUBLIN SCHOOL BOARD					
Full Name of Contributor MARY JO FRESCH			Registration Number, if PAC		
Street Address 8174 BALLOCH CT.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 25.00					
Full Name of Contributor WILLIAM A. COONTZ			Registration Number, if PAC		
Street Address 8118 SHANNON GLEN BLVD.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43016	Form (Cash, Check, etc.) CHECK		
Amount 50.00					
Full Name of Contributor GAIL W. Mc Coy			Registration Number, if PAC		
Street Address 8159 CROSSGATE CT N.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 50.00					
Full Name of Contributor DENISE F. ETCHISON			Registration Number, if PAC		
Street Address 5800 TARTON CIRCLE N	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 40.00					
Full Name of Contributor SCOTT STREATOR			Registration Number, if PAC		
Street Address 6030 SPRINGBURN DR.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 75.00					
Full Name of Contributor VIRGIL A. TEMPLE			Registration Number, if PAC		
Street Address 8173 BALLOCH CT.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 50.00					
Full Name of Contributor MICHAEL E. NUTTER			Registration Number, if PAC		
Street Address 5671 LOCH BROOM CIRCLE	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2907
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		
Amount 100.00					

* 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)]

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

\$0.00

Total expenditures this event.

\$0.00

\$390.00
Page Total \$ **\$0.00**