31-E
R.C. 3517.10(B)

Event Date 4-21-09
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full

Full Name of Contributor	Registration Number, if PAC					
Suzanne Geiger						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
325 Siebert St.		04	21	09	25.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43206	Check			
Full Name of Contributor	Registration Number, if PAC					
Frank J. Koch						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
5971 Shadow Lake		04	21	09	25.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH		check			
Full Name of Contributor	Registration Number, if PAC					
Jayne Martin						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
1657 Carrigallen Ln.		04	21	09	100.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43228				
Full Name of Contributor	Registration Number, if PAC					
Debra S. Hurtt						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
255 E. Welch Ave.		04	21	09	50.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43207				
Full Name of Contributor	Registration Number, if PAC					
Clayton N. Hicks						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
6283 Alissa Lane		04	21	09	25.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43213	check			
Full Name of Contributor	Registration Number, if PAC					
Ann Almstedt						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
4360 E. Redbud Aly		04	21	09	40.00	
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43206	check			
Full Name of Contributor	Registration Number, if PAC					
Contributions Received @ 25.00 or less						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
					425.00	
City	State	Zip Code	Form(Cash,Check,etc)			
			Cash			

* 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 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: 690.00

Total expenditures this event: 250.00

Page Total $ 690.00 ~~0.00~~