

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

Prescribed by Secretary of State 03/05

Event Date 092907

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Name of Committee in Full MELODY FOR DUBLIN SCHOOL BOARD				
Full Name of Contributor CHARLES R. WARNE			Registration Number, if PAC	
Street Address 5808 TARTON CIRCLE	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 25.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor MARCIA D. GARVEY			Registration Number, if PAC	
Street Address 5900 TARTON CIRCLE S.	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 25.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JACQUELINE I. MILLER			Registration Number, if PAC	
Street Address 8417 GREENSIDE DR.	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 50.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor AMY STUCKE			Registration Number, if PAC	
Street Address 5610 LOCH MORE CT W	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 25.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor HENRY D. FRESCH			Registration Number, if PAC	
Street Address 8174 BALLOCH CT.	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 25.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ALAN C. TRAVIS			Registration Number, if PAC	
Street Address 6599 BARONSCOURT LOOP	Employer/Occupation/Labor Organization* STATE OF OHIO, JUDGE		M D Y 09 29 07	Amount 300.00
City DUBLIN	State OH	Zip Code 43016	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor STEPHANIE H. REED			Registration Number, if PAC	
Street Address 8351 STRASBOURG CT	Employer/Occupation/Labor Organization*		M D Y 09 29 07	Amount 50.00
City DUBLIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK	

* 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

\$500 ✓
\$0.00
Page Total \$