

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

Prescribed by Secretary of State 03/05

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|--|---|--------------------------|---|---------------------------|
| Name of Committee in Full CITIZENS FOR STEPHANIE KUNZE | | | | |
| Full Name of Contributor Melissa Lovely | | | Registration Number, if PAC | |
| Street Address 4867 Barbeau Lane | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Karen Dennis | | | Registration Number, if PAC | |
| Street Address 1924 Harrison Road | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$50.00 |
| City Johnstown | State OH | Zip Code 43031 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Alexis Nile | | | Registration Number, if PAC | |
| Street Address 511 Colonial Avenue | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Wendy Brooks | | | Registration Number, if PAC | |
| Street Address 3453 River Narrows Road | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Jeff Platfoot | | | Registration Number, if PAC | |
| Street Address 5996 Trailledge Court | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$25.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Kimberly Allison | | | Registration Number, if PAC | |
| Street Address 5952 Trailledge Court | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$100.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Karen Lehrer | | | Registration Number, if PAC | |
| Street Address 8151 Farm Crossing Circle | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 0 9 | Amount \$150.00 |
| City Powell | State OH | Zip Code 43065 | 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

Page Total \$ **\$400.00**