

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Full Name of Contributor				Amount			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form (Cash, Check, etc.)				
Printer for Council							
Terry Priddy							
3412 Smilans Corner	Franklin Cty. Prosecutor	03	03	11	30		
Hilliand	OH	43026	Check				
Shamus Cassidy							
5385 Cedar Branch Way	Kohlen Smith, LLP	03	03	11	30		
Dublin	OH	43016	Check				
Ken Hopenstein							
3337 Seicra Glen Dr	Canon Hopenstein	03	03	11	40		
Hilliand	OH	43026	Check				
Peter Lupiba							
1730 King Ave, Unit D		03	03	11	40		
Columbus	OH	43212	Check				
Daniel Hawkins							
630 Lawson Drive	Franklin Cty Prosecutor	03	03	11	50		
Westerville	OH	43081	Check				
Michael Stoner							
4200 Dublin Rd		03	28	11	30		
Columbus	OH	43221	Check				
Bill Blake							
6200 Pollard Place Dr	Allimax Data System	03	03	11	50		
Hilliand	OH	43026	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 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

1,370 00

Total expenditures this event.

00 00

Page Total \$

270