Event Date	07/18/07
Page	15

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Contributer   Full		Flescribed by Sec	retary of State 3/03						
Full Name of Contributor   S. Michael Miller	Name of Committee in Full		<del></del>						
S. Michael Miller   Storet Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount				<u> </u>					
					Registration Number, if PAC				
A722 Shire Ridge W.	S. Michael Miller								
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Hilliard		Keggler						100.00	
Full Name of Contributor   Registration Number, if PAC   Richard W. Schuermann, Jr.			1 *	,					
Richard W. Schuermann, Jr.		$O \mid H$	43026	check					
		•	Registration Number, if PAC						
State	Richard W. Schuermann, Jr.								
State   Zip Code   Form(Cash, Check, etc)	Street Address	Employer/Occupa	ntion/Labor Organization*						
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	3260 Kioka Ave.	Keggler	Brown Hill & Ritte	0 7	2 1	0 7		200.00	
Full Name of Contributor Robert G. Shuler  Street Address  Bemployer/Occupation/Labor Organization*  Keggler Brown Hill & Ritte  O   7   2   1   0   7   100.00  State   Zip Code   Form(Cash, Check, etc)   Cash	City	State	1 '	•					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Upper Arlington	$O \mid H$	43221		check	ζ			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registra	tion Num	ber, if PA	VC.		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Robert G. Shuler								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occupa	ntion/Labor Organization*				Amount		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	65 East State Street, Suite 1800	Keggler	Brown Hill & Ritte	0   7	2 1	0   7		100.00	
Full Name of Contributor Robert P. Sugarman  Street Address  Columbus  Full Name of Contributor  City  Columbus  State   Zip Code   Form(Cash, Check, etc)   Check    Full Name of Contributor  City  State   Zip Code   Form(Cash, Check, etc)   Check    Full Name of Contributor  City  State   Zip Code   Form(Cash, Check, etc)   Check    Full Name of Contributor  Street Address   Employer/Occupation/Labor Organization*   M D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    Registration Number, if PAC  State   Zip Code   Form(Cash, Check, etc)    Dublin   O   H   43017   Check    Full Name of Contributor  Stephanie P. Union  Street Address   Employer/Occupation/Labor Organization*   M D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    Registration Number, if PAC  Stephanie P. Union  Street Address   Employer/Occupation/Labor Organization*   M D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    Manual D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    State   Zip Code   Form(Cash, Check, etc)    Worthington   O   H   43085   Check    Registration Number, if PAC  Micahel E. Zatezalo  Street Address   Employer/Occupation/Labor Organization*   M D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    Registration Number, if PAC  Micahel E. Zatezalo  Street Address   Employer/Occupation/Labor Organization*   M D Y Amount    Keggler Brown Hill & Ritte   O   7   2   1   0   7    Registration Number, if PAC  Micahel E. Zatezalo									
Full Name of Contributor Robert P. Sugarman Street Address Employer/Occupation/Labor Organization* M D Y Amount State Address Full Name of Contributor State Zip Code Stat	Columbus	$O \mid H$	43215		cash				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			<del>!</del>	Registra	tion Num	ber, if PA	AC .		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Robert P. Sugarman								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupa	ntion/Labor Organization*	M	D	Y	Amount		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	6025 Cranberry Court	Keggler	Brown Hill & Ritte	017	2 1	0 7		250.00	
Full Name of Contributor				Form(Ca	sh,Check	,etc)			
Full Name of Contributor	Columbus	$O \mid H$	43213		check	ζ.			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	113		<u> </u>	Registra	tion Num	ber, if PA	AC .		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Timothy T. Tullis								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	8234 Timber Mist Court	Keggler	Brown Hill & Ritte	017	2   1	$0 \mid 7$		100.00	
Full Name of Contributor Stephanie P. Union  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    549 Poe Ave.   Keggler Brown Hill & Ritte   0   7   2   1   0   7   100.00    City   State   Zip Code   Form(Cash, Check, etc)    Worthington   O   H   43085   Check    Full Name of Contributor   Registration Number, if PAC    Micahel E. Zatezalo  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    1176 harrison Pond drive   Keggler Brown Hill & Ritte   0   7   2   1   0   7   100.00    City   State   Zip Code   Form(Cash, Check, etc)    State   Form (Cash, Check, etc)   Tol.000    State   Form (Cash, Check, etc)   Tol.000    City   State   Zip Code   Form (Cash, Check, etc)    Comparison Number, if PAC		<del> </del>							
Full Name of Contributor Stephanie P. Union  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    549 Poe Ave.   Keggler Brown Hill & Ritte   0   7   2   1   0   7   100.00    City   State   Zip Code   Form(Cash, Check, etc)    Worthington   O   H   43085   Check    Full Name of Contributor   Registration Number, if PAC    Micahel E. Zatezalo  Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount    1176 harrison Pond drive   Keggler Brown Hill & Ritte   0   7   2   1   0   7   100.00    City   State   Zip Code   Form(Cash, Check, etc)    State   Form (Cash, Check, etc)   Tol.000    State   Form (Cash, Check, etc)   Tol.000    City   State   Zip Code   Form (Cash, Check, etc)    Comparison Number, if PAC	Dublin	$  \cap   H$	43017		check	<b>`</b>			
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Full Name of Contributor  Micahel E. Zatezalo  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  1176 harrison Pond drive  Keggler Brown Hill & Ritte $0 \mid 7 \mid 2 \mid 1 \mid 0 \mid 7$ City  State Zip Code  Registration Number, if PAC  M D Y Amount  100.00	•			` `	,				
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1176 harrison Pond drive         Keggler Brown Hill & Ritte         0   7   2   1   0   7         100.00           City         State         Zip Code         Form(Cash, Check, etc)		Employer/Occups	ntion/Labor Organization*	М	l p	Y	Amount		
City State Zip Code Form(Cash,Check,etc)		1		ı				100.00	
				Form/C	sh Check	etc)		100.00	
THE WILLIAM   ()   11   40004   CHECK									
	INEW ADDRIES	$\bigcup$ $\bigcup$ $11$	1004		CHECK	<u> </u>			

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	Total expenditures this event	· · · · · · · · · · · · · · · · · · ·	
		Page Total \$	950.00

<sup>\*</sup> 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)]