

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
335 Siebert St.	Teacher	01	21	09
City	State	Zip Code	Amount	
Columbus	OH	43206	25.00	
Form(Cash,Check,etc)				
check				
Full Name of Contributor			Registration Number, if PAC	
Frank J. Koch				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5971 Shadow Lake	Comp Tech	01	21	09
City	State	Zip Code	Amount	
Columbus	OH		25.00	
Form(Cash,Check,etc)				
check				
Full Name of Contributor			Registration Number, if PAC	
Jayne Martin				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1657 Carrigallen Ln.	Office assist.	01	21	09
City	State	Zip Code	Amount	
Columbus	OH	43228	100.00	
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Debra S. Hurt				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
255 E. Welch Ave.	Deputy	01	21	09
City	State	Zip Code	Amount	
Columbus	OH	43207	50.00	
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Clayton N. Hicks				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6283 Alissa Lane	Doctor	01	21	09
City	State	Zip Code	Amount	
Columbus	OH	43213	25.00	
Form(Cash,Check,etc)				
check				
Full Name of Contributor			Registration Number, if PAC	
Ann Almstedt				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
436 E. Redbud Aly	Office Mgr.	01	21	09
City	State	Zip Code	Amount	
Columbus	OH	43206	40.00	
Form(Cash,Check,etc)				
check				
Full Name of Contributor			Registration Number, if PAC	
Contributions Received \$ 25.00 or less				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State	Zip Code	Amount	
			425.00	
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~~