

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Shane Ewald					
Full Name of Contributor Douglas Maddy				Registration Number, if PAC	
Street Address 6300 Clark State Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Gahanna	State O H	Zip Code	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ralph Griffith				Registration Number, if PAC	
Street Address 2715 York Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Allen Perk				Registration Number, if PAC	
Street Address 957 Caroway Blvd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Andre Porter				Registration Number, if PAC	
Street Address 657 Dark Star Avenue	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Bradford Yates				Registration Number, if PAC	
Street Address 9156 Tartan Fields Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Carol Samuel				Registration Number, if PAC	
Street Address 243 Caswell Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Martie Hexamer				Registration Number, if PAC	
Street Address 1170 East Choctaw Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 22
City London	State O H	Zip Code 43140	Form(Cash,Check,etc) Check		Amount 100.00

* 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

575.00

Total expenditures this event

0.00

Page Total \$ 575.00