

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <i>Board for Council</i>									
Full Name of Contributor <i>John Dunn</i>							Registration Number, if PAC		
Street Address <i>1710 Sioux Ct.</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Grove City</i>		State <i>OH</i>		Zip Code <i>43123</i>		M <i>10</i>	D <i>31</i>	Y <i>09</i>	Amount <i>25.00</i>
Full Name of Contributor <i>Michael Spiers</i>							Registration Number, if PAC		
Street Address <i>6173 Seneca Ct</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Cash</i>		
City <i>Grove City</i>		State <i>OH</i>		Zip Code <i>43123</i>		M	D	Y	Amount <i>25.00</i>
Full Name of Contributor <i>Net Contributions from Form #31-E</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State <i>OH</i>		Zip Code		M	D	Y	Amount <i>290.00</i>
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount

*Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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)

Page Total \$ *340.00*