

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

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Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR STEPHEN REMMER FOR GAHANNA COUNCIL</b>					
Full Name of Contributor <b>ANGELA M. EWALD</b>				Registration Number, if PAC	
Street Address <b>126 WALNUT ST.</b>	Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Amount <b>100.00</b>		
Form (Cash, Check, etc.) <b>CHECK</b>					
Full Name of Contributor <b>LYNN M. STEWART</b>					
Street Address <b>561 LAUREL RIDGE DR.</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>	Amount <b>100.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>		
Full Name of Contributor <b>RALPH E. GRIFFITH</b>					
Street Address <b>2715 YORK RD</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>	Amount <b>100.00</b>
City <b>UPPER ARLINGTON</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>		
Full Name of Contributor <b>SCOTT McCAMB</b>					
Street Address <b>230 BARNHILL CT</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>	Amount <b>100.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CASH</b>		
Full Name of Contributor <b>RECOVERY PAC</b>					
Street Address <b>182 E. NORTH BROADWAY ST</b>				Registration Number, if PAC <b>C00442277</b>	
Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>	Amount <b>100.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43214-4112</b>	Form (Cash, Check, etc.) <b>CHECK</b>		
Full Name of Contributor <b>CITIZENS FOR IDLEY</b>					
Street Address <b>187 REGENTS RD</b>				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M <b>07</b>	D <b>17</b>	Y <b>13</b>	Amount <b>\$50.00</b>
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc.) <b>CHECK</b>		
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)		

\* 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

**\$1250** | **—**

Total expenditures this event.

**—** | **—**

**\$550.00**