

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
CITIZENS FOR STEPHANIE KUNZE			
Full Name of Contributor		Registration Number, if PAC	
Brian Boyed			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2645 Weyant Street		0 3 06 09	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH	43035	Cash
Full Name of Contributor		Registration Number, if PAC	
Kimberly Rhiel			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5645 Newland Court		0 3 06 09	\$15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Cash
Full Name of Contributor		Registration Number, if PAC	
Kevin Dillion			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7027 Cloverdale Lane		0 3 06 09	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Cash
Full Name of Contributor		Registration Number, if PAC	
Jim Fitori			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
677-H Providence Avenue		0 3 06 09	\$15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	Cash
Full Name of Contributor		Registration Number, if PAC	
Rob Freeman			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2128 Wesleyan Drive		0 3 06 09	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Cash
Full Name of Contributor		Registration Number, if PAC	
Mike Myers			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
5982 Farmcreek Court		0 3 06 09	\$25.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	Cash
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
		0 3 06 09	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		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 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

\$1,180.00

Total expenditures this event.

\$433.50

Page Total \$ **\$155.00**