

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Citizens for Shane Ewald							
Full Name of Contributor Jack R. Kirkpatrick		Registration Number, if PAC					
Street Address 308 Worman Dr.		Employer/Occupation/Labor Organization*		1	0	0	50.00
City Gahanna		State OH	Zip Code 43230	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Dwayne E. Gould		Registration Number, if PAC					
Street Address 151 Mill St., Suite 418		Employer/Occupation/Labor Organization*		1	0	0	50.00
City Gahanna		State OH	Zip Code 43230	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas M. Zaino		Registration Number, if PAC					
Street Address 41 S. High St., Suite 3600		Employer/Occupation/Labor Organization*		1	0	0	50.00
City Columbus		State OH	Zip Code 43230	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Joeph D. Humphrey		Registration Number, if PAC					
Street Address 65 Nob Hill Dr. S.		Employer/Occupation/Labor Organization*		1	0	0	100.00
City Gahanna		State OH	Zip Code 43230	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Glenn A. Dugger		Registration Number, if PAC					
Street Address 37 W. Broad St.		Employer/Occupation/Labor Organization*		1	0	0	50.00
City Columbus		State OH	Zip Code 43215	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Lynn M. Stewart		Registration Number, if PAC					
Street Address 561 Laurel Ridge Dr.		Employer/Occupation/Labor Organization*		1	0	0	50.00
City Gahanna		State OH	Zip Code 43230	1	1	5	
				Form(Cash,Check,etc) Check			
Full Name of Contributor Laurie A. Jadwin		Registration Number, if PAC					
Street Address 1222 Pond Hollow Ln.		Employer/Occupation/Labor Organization*		1	0	0	50.00
City New Albany		State OH	Zip Code 43054	1	1	5	
				Form(Cash,Check,etc) Check			

\* 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

Total expenditures this event

Page Total \$ 400.00