

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
<b>CITIZENS FOR STEPHANIE KUNZE</b>							
Full Name of Contributor				Registration Number, if PAC			
Diana McCreary							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6024 Homestead Court				0	3	0609	\$40.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliard		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Wesley Kunze							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
631 Seabury Drive				0	3	0609	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Worthington		OH	43085	Check			
Full Name of Contributor				Registration Number, if PAC			
Mary Gill							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3811 Davidson Road				0	3	0609	\$15.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliard		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Jim Underwood							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4140 Stargrass Court				0	3	0609	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliard		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Gerald Edwards							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1680 Andover Drive				0	3	0609	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Upper Arlington		OH	43212	Check			
Full Name of Contributor				Registration Number, if PAC			
Lisa Reynolds							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5324 Carina Court				0	3	0609	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliard		OH	43026	Check			
Full Name of Contributor				Registration Number, if PAC			
Sean Geddis							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5252 Westbreeze Court				0	3	0609	\$25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Hilliard		OH	43026	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

\$0.00
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Total expenditures this event.

\$0.00
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Page Total \$ 280.00
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