

Event Date	04/19/09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT RON STAKE					
Full Name of Contributor Richard E. Harris				Registration Number, if PAC	
Street Address 1100 Bedlington Court		Employer/Occupation/Labor Organization*		M 04	D 19
City Reynoldsburg		State OH	Zip Code 43068	Y 09	Amount 75.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor Montgomery W. Mills				Registration Number, if PAC	
Street Address 28 Dellenbaugh Loop		Employer/Occupation/Labor Organization*		M 04	D 19
City Pataskala		State OH	Zip Code 43062	Y 09	Amount 100.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor Thomas J. Halpin				Registration Number, if PAC	
Street Address 1072 Twilight Drive		Employer/Occupation/Labor Organization*		M 04	D 19
City Reynoldsburg		State OH	Zip Code 43068	Y 09	Amount 100.00
Form(Cash, Check, etc) CHECK					
Full Name of Contributor Jed Hood				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 04	D 19
City Reynoldsburg		State OH	Zip Code 43068	Y 09	Amount 100.00
Form(Cash, Check, etc) CASH					
Full Name of Contributor Contributors of \$25 or less				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 04	D 19
City		State	Zip Code	Y 09	Amount 470.00
Form(Cash, Check, etc) CASH+CHECK					
Full Name of Contributor HAROLD VAN Gundy				Registration Number, if PAC	
Street Address 8908 Taylor Woods Dr.		Employer/Occupation/Labor Organization*		M 04	D 19
City Reynoldsburg		State OH	Zip Code 43068	Y 09	Amount 50.00
Form(Cash, Check, etc) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
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 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

\$1,600.00

Total expenditures this event

Page Total \$ **895.00**