

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

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Dr. Anahi Ortiz					
Full Name of Contributor Kim Maggard			Registration Number, if PAC NA		
Street Address 600 Link Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Whitehall	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor April Caudill			Registration Number, if PAC NA		
Street Address 3371 marchrun	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Grove City	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Monica Hawkins			Registration Number, if PAC NA		
Street Address 2815 Kingsroute	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Kimberly Jennings			Registration Number, if PAC NA		
Street Address 2537 Nanticoke	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Columbus	State OH	Zip Code 43219	Form(Cash,Check,etc) Check		Amount 35.00
Full Name of Contributor OhioHealth Star Corporation Political Action Committee			Registration Number, if PAC C00210617		
Street Address 180 East Broad Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Leann Bertani			Registration Number, if PAC NA		
Street Address 1211 Langston Drive	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David Corev			Registration Number, if PAC NA		
Street Address 3757 Indianola Ave.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 2011
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 250.00

\* 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 \$ 585.00