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

Event Date_	7-19-15	
Page 2		

	Prescribed by Secretary of State 03/05	
Name of Committee in Full Re-Elect Mike	Ehert	
Full Name of Contributor Shawn Cassady		Registration Number, if PAC
Street Address 62 E Mound St.	Employer/Occupation/Labor Organization*	M D Y Amount OO
City Canal Winchester	State Zip Code () H 43///	Form (Cash, Check, etc.)
Full Name of Contributor Steve Donahue	OH 43110	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount (57)
city 257 6/d Coach	Sta te Zip Code	07/9/5 500
Full Name of Contributor	OH 43110	Form (Gash, Check, etc.)
Que Donahue		Registration Number, if PAC
Street Address / 7553 Embers La	Employer/Occupation/Labor Organization*	071915 Amount 00
Canal Windester	Sta te Zip Code 431/0	Form (Cash, Check, etc.)
Full Name of Contributor On Wynkoop		Registration Number, if PAC
Street Address/31-A N. High St.	Employer/Occupation/Labor Organization*	M 7 19 Y Amount 500
Canal Winchester	Sta te Zip Code 43//0	07/9/5 25 Form (Cash, Check, etc.)
Full Name of Contributor CH		Registration Number, if PAC
Street Address 129 Reats Ct.	Employer/Occupation/Labor Organization*	M D Y Amount
City Canal Winduster	Sta te Zip Code OH 43//0	Form (Cash, Check, etc.)
Full Name of Contributor Zella Swindall	7011	Registration Number, if PAC
Street Address 2256 Williams Rd	Employer/Occupation/Labor Organization*	M D Y Amount
Columbus	Sta te Zip Code	67/9/5 /50 Form (Cash, Check, etc.)
Full Name of Contributor	OH 43207	Registration Number, if PAC
Marilyn Multerer Birect Address 253 Powder Horn Pr Canal Winchester	Employer/Occupation/Labor Organization*	
253 Youder Horn P.	/	07 19 15 Amount 75
	DH 43110	Form (Cash, Check, etc.) Check
Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be listed labor organization of which the employees are members, if any, mu	e and General Assembly candidates. If contribute od. If two or more employees contribute via payrest also appear. [R.C. 3517.10(B)(4)]	or is self-employed, the occupation and the name of foll deduction and exceed the aggregate of \$100, the
ill in the boxes below only on the last page for this event. ransfer the Total contributions for this event to form No. 31-A. Und a the date column		from form No. 31-E" and list the date of the event
otal contributions this event	Total expenditures this eve	ent.