31-E
R C. 3517.10(B)

Event Date 8/16/2015
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/06

Name of Committee in Full							
Friends of Sharon Whitten							
Full Name of Contributor			Registration Number, if PAC				
Contributions of $25 or Less							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0 8	0 6	1 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
			Check				
Full Name of Contributor			Registration Number, if PAC				
Contributions of $25 or Less							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
			0 8	0 6	1 5	140.00	
City	State	Zip Code	Form(Cash,Check,etc)				
			Cash				
Full Name of Contributor			Registration Number, if PAC				
Marylee Bendig							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4937 Wsest Broad Street			0 8	0 6	1 5	500.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43228	Check				
Full Name of Contributor			Registration Number, if PAC				
Marion Harris							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5145 Holbrook Drive			0 8	0 6	1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43232	Check				
Full Name of Contributor			Registration Number, if PAC				
William Lammers							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5314 Solomon Avenue			0 8	0 6	1 5	30.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Groveport	O H	43125	Check				
Full Name of Contributor			Registration Number, if PAC				
Ronald Snyder							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1188 Elaine Road			0 8	0 6	1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43227	Check				
Full Name of Contributor			Registration Number, if PAC				
Gary Bepler							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3488 Trenton			0 8	0 6	1 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43232	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: 970.00

Total expenditures this event: 40.36

Page Total $ 970.00