31-E R.C. 3517.10(B)

Total contributions this event

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

Event Date 8 - 16 - 15
Page

Prescribed by Secretary of State 0.3/05			
Name of Committee in Full Re-Elect Mike Ebert			
Full Name of Contributor Pat DeW: H		Registration Number, if PAC	
Street Address 244 Old Coach Pl	Employer/Occupation/Labor Organization*	M 8 / 6 / 5 30	
Canal Winchester	Sta te Zip Code 43/10	Form (Cash, Check, etc.)	
Full Name of Contributor Patty Spices Registration Number, if PAC			
Street Address / Jennings Dr.	Employer/Occupation/Labor Organization*	M 8 D Y Amount 00	
Canal Winglester	State Zip Code 43110	Form (Cash, Check, etc.)	
Full Name of Contributor Lames Socui		Registration Number, if PAC	
Street Address 7547 Bruns Cf.	Employer/Occupation/Labor Organization*	M B Y Amount 00	
Canal Winchester	Sta te Zip Code 43110	Form (Cash, Check, etc.)	
Full Name of Contributor Annette Ebert		Registration Number, if PAC	
Street Address 77 W. Columbus St	Employer/Occupation/Labor Organization*	M 8 D Y Amount 00	
Canal Winchester	Sta te Zip Code 43110	Form (Cash, Check, etc.)	
Full Name of Contributor RON Ehert		Registration Number, if PAC	
Street Address 347 W. Water 100	Employer/Occupation/Labor Organization*	M 8 16 15 Amount 00	
Canal Winchester	Sta te Zip Code 43//0	Form (Cash, Check, etc.)	
Full Name of Contributor (avolyn Ebert		Registration Number, if PAC	
Street Address 253 Old Coach. Pl.	Employer/Occupation/Labor Organization*	M 8 16 15 Amount 75 60	
City Canal Winchester	Sta te Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor LOIS BOHACINI		Registration Number, if PAC	
Street Address 7846 Forewater	Employer/Occupation/Labor Organization*	M 8 16 15 50	
City Canal Winchester	Sta te Zip Code 43// ()	Form (Cash, Check, etc.)	
* Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be liste labor organization of which the employees are members, if any, mus	d. If two or more employees contribute via payroll	s self-employed, the occupation and the name of deduction and exceed the aggregate of \$100, the	
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 in the date column	er Full Name of Contributor state "Contributions fro	om form No. 31-E" and list the date of the event	

Total expenditures this event.

Page Total \$