31-E
R.C. 3517.10(B)

Event Date 03/26/2015
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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	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	City	State	Zip Code	M	D	Y	Amount	Form(Cash,Check,etc)
Schoedinger Funeral Service	NA	229 E. State Street		Columbus	OH	43220	02	19	15	500.00	Check
John R. Stechschulte	NA	1200 Brittany Ln.		Columbus	OH	43220	02	10	15	500.00	Check
Shelia Traulnor	NA	46 Pickett Place		New Albany	OH	43054	03	14	15	500.00	Check
Dr. Rozan Alkhoury	NA	1320 Bingham Mills Dr.		New Albany	OH	43054	03	26	15	50.00	Check
Ms Peraline Byrd	NA	4835 Downing Drive		Columbus	OH	43232	03	26	15	50.00	Check
Julia Arbini-Carbonell	NA	5398 Country Meadow Ct.		Westerville	OH	43082	03	26	15	50.00	Check
Kristin Bryant	NA	7489A Parksedge		Reynoldsburg	OH	43068	03	26	15	25.00	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

Total expenditures this event

Page Total $ 1,675.00