Event Date	03/26/15
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	riesanscu	by sec	retary of State 3/05			-					
Name of Committee in Full											
Friends of Dr. Anahi Ortiz											
Full Name of Contributor	Registration Number, if PAC										
Kristin Long								_			
Street Address	Employer/0	Эссира	tion/Labor Organization*	М	D	Y	Amount				
443 Garden Rd				03	2 6	1 5	L	50.00			
City	State	e	Zip Code		ash,Check	-					
Columbus		Н	43214		Checl	<u> </u>					
Full Name of Contributor						Registration Number, if PAC					
Phylis McNab	vlis McNab					NA					
Street Address	Employer/Occupation/Labor Organization*			М	Ð	Y	Amount				
2168 Shademont Ct.					2 6	1 5		50.00			
City	State	e	Zip Code	Form(Ca	ash,Check	.,etc)					
Columbus	01	Н	43235	i	Checl	k					
Full Name of Contributor				Registra	ntion Numi	ber, if PA	С				
Nicole McCarthey				NΑ							
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount				
4355 Shelbourne Ln.				1013	216	1115		500.00			
City	State	2	Zip Code		ash,Check			505.00			
Columbus		Н	43220		Checl	k					
Full Name of Contributor	1 ′ ′		1 10220		tion Numi		C				
Cvnthia Coleman				NA		•					
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount				
6145 Babbit Road		•	ŭ.	1013	216	1115		50.00			
City	State		Zip Code		ash Check			30.00			
New Albany	01	Н	43054	1 `	Checl						
Full Name of Contributor	1. (/	•••	10001				Ċ	_			
Columbus/Central Ohio Building Trad	es Cou	ncil		Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*			M	T D	ΙΥ	Amount				
555 E. Rich Street	Caupity divorcipation East of games and			013	2 6	I		100.00			
City	State Zip Code		Zip Code	Form(Cash,Check,etc)			100.00				
Columbus	0.1	I-I	43215	1	Checl						
Full Name of Contributor	1 () !	10210	Registration Number, if PAC								
MSCPAC				_	309468						
Street Address	Employer/Occupation/Labor Organization*			М	D D	ΙΥ	Amount				
P.O. Box 594		о тр-		013		1	1	100.00			
City	State		Zip Code		ash,Check			100.00			
	1	Н	44501		Checl						
Youngstown Full Name of Contributor	0	1 1	44,001	_	tion Num		<u> </u>	···			
					4104 14MII	он, и гл					
Contributions from Form No. 31-G Street Address	Empleys "	^~~~-	tion / shoe Organization*	M	D	ΙΥ	Amount				
Street Address	Employer/Occupation/Labor Organization*					1 -	Amount	300.00			
C'.	State Zrp Code			0 3	<u> </u>			400.00			
City	State	E	Zip Code	romic	ash,Check	(etc)					
	<u> </u>		<u> </u>	1							

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 \$ 1.250.00
3.510.00	361.60	

[•] 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)]