

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 Kristin Long				Registration Number, if PAC NA	
Street Address 443 Garden Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Phylis McNab				Registration Number, if PAC NA	
Street Address 2168 Shademont Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43235	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Nicole McCarthy				Registration Number, if PAC NA	
Street Address 4355 Shelbourne Ln.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 500.00
Full Name of Contributor Cynthia Coleman				Registration Number, if PAC NA	
Street Address 6145 Babbit Road	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City New Albany	State OH	Zip Code 43054	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Columbus/Central Ohio Building Trades Council				Registration Number, if PAC NA	
Street Address 555 E. Rich Street	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor MSCPAC				Registration Number, if PAC C00309468	
Street Address P.O. Box 594	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City Youngstown	State OH	Zip Code 44501	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Contributions from Form No. 31-G				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 3	Y 15
City	State 	Zip Code	Form(Cash, Check, etc)		Amount 400.00

* 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

3,510.00

Total expenditures this event

361.60

Page Total \$ 1,250.00