

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

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

				K.C. 3517.10(B)	
Full Name of Committee CITIZENS to KEED BRISCOE Fellows MARSH & Shull Evil Name of Contributor Registration Number if BAS					
CITIZENS TO KEEP	Briscoe	Fellows M.	Parsh & Shull		
Full Name of Contributor			Registration Number, if PAC		
Debra Lowery					
Street Address	Employer/Occupation/Labor Organization*		07/20/2017	Amount	
TO42 MAYNAND PL			07/20/2017 MM/DD/YYYY	20 -	
City	State	Zip Code	Form (Cash, Check, Etc		
New Albany	ОН	43054	Check		
Full Name of Contributor			Registration Number, if PAC		
2 (nais Mohne	,				
Street Address	Employer/Occupa	tion/Labor Organization*	07/20/2017 MM/DD/YYYY	Amount	
4480 Middle Aspinuall			MM/DD/YYYY	150	
City V	State	Zip Code	Form (Cash, Check, Etc		
New Alban,	он	43054	Check		
Full Name of Contributor		<u>'</u>	Registration Number, if PAC	Application and the second of a vision and the second of t	
Greg Hildle					
Street Address	Employer/Occupation/Labor Organization*		07/20/2017	Amount	
7300 LAMOTON PANK DQ			MM/DD/YYYY	32 -	
City	State	Zip Code	Form (Cash, Check, Etc		
New Albany	ОН	43054	Check		
Full Name of Contributor	***************************************	•	Registration Number, if PAC		
DAVID OLMSTEAL					
Street Address	Employer/Occupa	tion/Labor Organization*	07/20/2017	Amount	
6248 Mitzmiller Rd			/ MM/DD/YYYY	200	
City A 1. A 1.	State	Zip Code	Form (Cash, Check, Etc		
New Albany	ОН	43054	Check		
Full Name of Contributor			Registration Number, if PAC		
Jettrey Ochlen					
Street Address	Employer/Occupa	tion/Labor Organization*	07/20/2017	Amount	
Street Address 4158 Bayhman Grant City			MM/DD/YYYY	30 -	
City ————————————————————————————————————	State	Zip Code	Form (Cash, Check, Etc		
New Albani	ОН	43054	Check		
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and 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 Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event

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 also appear. [R.C. 3517.10(B)(4)]