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

Event Date	7-19-15
Page	5

	Prescribed by Secre	tary of State 03/05	
Name of Committee in Full Re-Elect Mike Ebe	rt		
Full Name of Contributor	- /		Registration Number, if PAC
Karen Itiles			Togethand Namon, II FAC
Street Address 323 N. Sarwil	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Sta te	Zip Code	0 / / 9 / 5 50 Form (Cash, Check, etc.)
Canal Winchester	$\square$ $OH$	43110	rom (Cash, Check, etc.)
Full Name of Contributor  Robert Wood II	Registration Number, if PAC		
7952 Spring Milli Employer/Occupation/Labor Organization*			M D Y Amount OO
City .	Sta te	Zip Code	O / / 9 / 5 / 00 Form (Cash, Check, etc.)
Canal Windlester	OH	43110	Child (Cash, Check, etc.)
Full Name of Contributor  Shelley Effler	Registration Number, if PAC		
reet Address 4031 Copper for Grove Employer/Occupation/Labor Organization*			M D Y Amount 00
City O	Sta te	Zip Code	67/9/5 30 Form (Cash, Check, etc.)
Canal Winchester Full Name of Contributor	OH	43/10	Cash
Becky Mosher			Registration Number, if PAC
7860 Denison Ro	Employer/Occupa	tion/Labor Organization*	M D Y Amount 50
Carroll	Sta te	Zip Code 431/2	Form (Cash, Check, etc.)
Raymond Ebert		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registration Number, if PAC
treet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
347 W. Water/00		Tario .	07/9/5 75
Canal Winduster	O H	<sup>Zip Code</sup> 43//0	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
treet Address	Employer/Occupation/Labor Organization*		M D Y Amount
ity	Str. As	17.0	
	State	Zip Code	Form (Cash, Check, etc.)
uli Name of Contributor	. <u> </u>		Registration Number, if PAC
reet Address	Employer/Occupation/Labor Organization*		M D Y: Amount
ty			
A.	Sta te	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over \$100 to states	wide and Coneral Acre		

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 \$ 280