Event Date	10/14/15
Page	25

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05				
Name of Committee in Full						
Friends of Kristin Brvant						
Full Name of Contributor			Registration Number, if Pa	Registration Number, if PAC		
Friends of Dr Anahi Ortiz	le i o		M D Y	Amount		
	Employer/Occup	oation/Labor Organization*	1 1 - 1 -	I '		
7727 Sudbrook Sq	Size.	7: 0.1.	1 0 1 4 1 5 Form(Cash,Check,etc)	30.00		
City No. o Albanas	State H	Zip Code 43054	Check			
New Albanv Full Name of Contributor	IOIH	43034	Registration Number, if P			
Marie Beatty Lenihan			Registration Number, 1117			
Street Address	Employer/Occum	nation/Labor Organization*	M D Y	Amount		
1183 Dusk Ct	Zimpioyan ordap		1 0 1 4 1 5			
City	State	Zip Code	Form(Cash,Check,etc)	10.00		
Reynoldsburg	ОТН	43068	Check			
Full Name of Contributor		10000	Registration Number, if Pa	AC		
Tim Gibson						
Street Address	Employer/Occup	nation/Labor Organization*	M D Y	Amount		
4632 Winterset			1 0 1 4 1 5	20.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43220	Cash			
Full Name of Contributor			Registration Number, if P.	AC		
Beverly J Corner						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount		
3589 Norwood St			1 0 1 4 1 5	25.00		
City City City City City City City City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	<u> </u>	43224	Cash			
Full Name of Contributor			Registration Number, if P.	AC		
Anonymous Cash Contributions_	*	<u></u>		T		
Street Address	Employer/Occur	oation/Labor Organization*	M D Y	Amount		
			110 1 4 1 5	5.00		
City	State	Zip Code	Form(Cash,Check,etc)			
		<u> </u>	Cash Registration Number, if P.	A.C.		
Full Name of Contributor			Registration Number, it P.	AC .		
Street Address	[Employer/Occur	oation/Labor Organization*	M D Y	Amount		
Sireet Address	Linpioyenoceu	Employer occupanos caros organization				
City	State	Zip Code	Form(Cash,Check,etc)			
Chy	1					
Full Name of Contributor			Registration Number, if P	AC		
Court Address	Employer (Occord	pation/Labor Organization*	M D Y	Amount		
Street Address	Employer/Occup	pation Capanization				
City	State	Zip Code	Form(Cash,Check,etc)			
tenuired for contributions from individuals over \$100 to statewide and	general assembly cand	lidates. If contributor is self-em	ployed, the occupation and the	name of 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 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 S	115.00
115.00	<u>77 75</u>		

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)]