



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee <u>Friends of Dr. Anali Ortiz</u>				
Full Name of Contributor <u>Paul + Ellen Schoonover</u>			Registration Number, if PAC	
Street Address <u>3182 Elbern Ave.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>04/10/2018</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	Amount <u>\$200</u>
Form (Cash, Check, Etc) <u>Check</u>				
Full Name of Contributor <u>Kristin Bryant</u>			Registration Number, if PAC	
Street Address <u>387 Cheyenne Way</u>		Employer/Occupation/Labor Organization* <u>Attorney</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>
City <u>Reynoldsburg</u>		State <u>OH</u>	Zip Code <u>43068</u>	Amount <u>\$100</u>
Form (Cash, Check, Etc) <u>Check</u>				
Full Name of Contributor <u>Paula Kobelt</u>			Registration Number, if PAC	
Street Address <u>5066 Ederton Pl.</u>		Employer/Occupation/Labor Organization* <u>Nurse Admin.</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	Amount <u>\$75.00</u>
Form (Cash, Check, Etc) <u>Check</u>				
Full Name of Contributor <u>Friends of Ramona Reyes</u>			Registration Number, if PAC	
Street Address <u>272 Broadmeadows Blvd</u>		Employer/Occupation/Labor Organization* <u>Political Campaign</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>
City <u>Col.</u>		State <u>OH</u>	Zip Code <u>43214</u>	Amount <u>\$250.00</u>
Form (Cash, Check, Etc) <u>Check</u>				
Full Name of Contributor <u>John Stechschulte</u>			Registration Number, if PAC	
Street Address <u>2125 Lane Woods Dr</u>		Employer/Occupation/Labor Organization* <u>Physician</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>
City <u>Col.</u>		State <u>OH</u>	Zip Code <u>43221</u>	Amount <u>\$100.00</u>
Form (Cash, Check, Etc) <u>Check</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 also 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
\$725.00

Total Expenditures This Event

Page Total \$ 725.00