



**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. Analie Ortiz</u>				
Full Name of Contributor <u>Guadalupe Velasquez</u>			Registration Number, if PAC	
Street Address <u>3631 Royal Crescent</u>		Employer/Occupation/Labor Organization* <u>City of Col.</u>	Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$50.00</u>
City <u>Col.</u>	State <u>OH</u>	Zip Code <u>43219</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Columbus Medical Association</u>			Registration Number, if PAC <u>PAC # -C00407569</u>	
Street Address <u>1390 Dublin Road</u>		Employer/Occupation/Labor Organization* <u></u>	Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Simakovsky Law LLC</u>			Registration Number, if PAC	
Street Address <u>460 E. Main St</u>		Employer/Occupation/Labor Organization* <u>Law Firm</u>	Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$250.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Carole DePaola</u>			Registration Number, if PAC	
Street Address <u>4944 Buck Thorn Ln</u>		Employer/Occupation/Labor Organization* <u></u>	Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$100.00</u>
City <u>Col.</u>	State <u>OH</u>	Zip Code <u>43220</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Yahaira Rose</u>			Registration Number, if PAC	
Street Address <u>3429 Paris Blvd</u>		Employer/Occupation/Labor Organization* <u>Non Profit</u>	Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$150.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</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

Total Expenditures This Event

Page Total \$ 1,050.00