Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	4/19/17
Page 3	

\$385.00

Page Total \$

Name of Committee in Full			
Friends of Schregardus			
Full Name of Contributor			Registration Number, if PAC
Melissa Will			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
5800 Plank Dr.			0 4 1 9 1 7 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	check
Full Name of Contributor			Registration Number, if PAC
Melissa Skilliter			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
355 Greenglade Ave.			0 4 1 9 1 7 \$50.00
City	Starte	Zip Code	Form (Cash, Check, etc.)
Worthington	ОН	43085	PayPal
Full Name of Contributor			Registration Number, if PAC
Melissa Linville			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1058 Virginia Ave.		12: 2	0 4 1 9 1 7 \$25.00
Columbus	Starte	Zip Code 43212	Form (Cash, Check, etc.) PayPal
Columbus	OH	43212	
Full Name of Contributor			Registration Number, if PAC
Christian Nocera Street Address			M D Y Amount
	Employer/Occupa	ttion/Labor Organization*	
4501 Big Walnutview Dr.	Sa as	Tin Code	0 4 1 9 1 7 \$50.00 Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code	PayPal
	I On	43230	Registration Number, if PAC
Full Name of Contributor Elizabeth CaJacob			Registration Number, it fac
Street Address 987 Garden Rd.	Employer/Occupa	tion/Labor Organization*	M D Y Amount 550.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43224	PayPal
Full Name of Contributor Andrew Ashbrook			Registration Number, if PAC
Street Address 795 Park St.	Employer/Occupa	ation/Labor Organization*	0 4 1 9 1 7 Amount \$10.00
City Columbus	Starte OH	Zip Code 43215	Form (Cash, Check, etc.) PayPal
Full Name of Contributor Elizebeth Maag			Registration Number, if PAC
Street Address 1750 Franklin Ave.	Employer/Occupa	ation/Labor Organization*	M D Y Amount \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43205	PayPal
* Required for contributions from individuals over 5	\$100 to statewide and General Ass	sembly candidates. If contribu	utor is self-employed, the occupation and the name of

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	Total expenditures this event.		
\$0.00	\$0.00		

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)]