## Event Date 8-16-15

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

Prescribed by Secretary of State 03/05				
Name of Compgittee in Full  Ke-Elect Mike Ebert				
Full Name of Contributor (a (ev) 5/1 les		Registration Number, if PAC		
Street Address 323 N. Sarwil	Employer/Occupation/Labor Organization*	M 8 D Y 5 Amount 00		
Canal Winchester	Sta te   Zip Code   431/0	Form (Cash, Check, etc.)		
Full Name of Contributor		Registration Number, if PAC		
Street Address 129 Beaty St	Employer/Occupation/Labor Organization*	M D Y Amount 00		
Canal Winchester	Sta te   Zip Code   43/10	Form (Cash, Check, etc.)		
Full Name of Contributor Dick Weiser		Registration Number, if PAC		
Street Address 103 Fair field St.	Employer/Occupation/Labor Organization*	M D Y Amount 00		
City Canal Winchester	Sta te   Zip Code   43// ()	Form (Cash, Check, etc.)		
Full Name of Contributor  David Marion		Registration Number, if PAC		
Street Address / OG E. Columbus St.	Employer/Occupation/Labor Organization*	08/6/5 50°		
Canal Winche Ster	Sta te   Zip Code 43// 0	Form (Cash, Check, etc.) Che (I)		
Full Name of Contributor  Lan Cleary		Registration Number, if PAC		
Street Address 206 & Hocking St.	Employer/Occupation/Labor Organization*	0 8 1 6 1 5 50		
Canal Winchester	Sta te   Zip Code   4 3//0	Form (Cash, Check, etc.)  Che Che		
Full Name of Contributor  David Cray Craft	_	Registration Number, if PAC		
Street Address 26/ Jennings Way	Employer/Occupation/Labor Organization*	M 8 16 15 Amount 50		
Canal Winchester	Sta te   Zip Code   43/10	Form (Cash, Check, etc.)		
Full Name of Contributor,  Clitto Spruil		Registration Number, if PAC		
Street Address 7547 Bruns Ct.	Employer/Occupation/Labor Organization*	08/6/5 402		
Canal Wincheste	Sta te OH Zip Code 43110	Form (Cash, Check, etc.)		
• 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.				

the event

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	A. Under Full Name of Contributor state "Contributions from form	No. 31-E" and list the date of
in the date column		
Total contributions this event	Total expenditures this event.	-
		Page Total \$ 24