

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Dr. Anahi Ortiz					
Full Name of Contributor Ginine Trim			Registration Number, if PAC		
Street Address 1821 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43205	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Sam Shini			Registration Number, if PAC		
Street Address 856 Paisley Pl	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Worthington	State OH	Zip Code 43026	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Paula Brooks Committee			Registration Number, if PAC		
Street Address 545 East Town St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City	State OH	Zip Code	Form(Cash,Check,etc)		Amount 50.00
Full Name of Contributor Greg Mather			Registration Number, if PAC		
Street Address 5142 Highland Meadows	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Hilliard	State OH	Zip Code 43026	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount

* 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)]

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
1,145.00

Total expenditures this event
354.97

Page Total \$ **670.00**