31-E R.C. 3517.10(B)

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

Event Date 5/1/14	٦
Page	

19M			D	
ull Name of Contributor Mark Jordan			Registration Number, if PAC	
treet Address		ation/Labor Organization*	M D Y Amount	
875 Linworth Rd	Employer/Occup	attorv Labor Organization	0 5 0 9 1 4 \$100.00	
ty	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43235	Check	
ull Name of Contributor			Registration Number, if PAC	
Jerry Jordan				
reet Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
795 Old Woods Rd			0 5 0 9 1 4 \$1,000.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43235	Check	
ull Name of Contributor			Registration Number, if PAC	
Jonathan Hughes				
treet Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	
8168 Lombard Way			0 5 0 9 1 4 \$1,000.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Dublin	OH	43016	Check	
ull Name of Contributor			Registration Number, if PAC	
Patricia Smith				
treet Address	Employer/Occup	pation/Labor Organization*	M D Y Amount	
787 Pinecliff PI			0 5 0 9 1 4 \$100.00	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	
Worthington	ОН	43085	Check	
full Name of Contributor			Registration Number, if PAC	
Sam Speck				
treet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
240 Greenbrier Ct		J	0 5 1 2 1 4 \$50.00	
Sity	Sta' te	Zip Code	Form (Cash, Check, etc.)	
Worthington	OH	43085	Cash	
Full Name of Contributor		-	Registration Number, if PAC	
Doug Talbott				
treet Address	Employer/Occur	pation/Labor Organization*	M D Y Amount	
8020 Flint Run Pl	(, · O	0 5 1 2 1 4 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43235	Check	
Full Name of Contributor			Registration Number, if PAC	
Donald Falcoski				
Street Address	Employer/Ocen	pation/Labor Organization*	M D Y Amount	
5971 Olentangy River Rd	inproyen (reco	F	0 5 1 2 1 4 \$50.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Worthington	OH	43085	Check	
Required for contributions from individuals over \$ the individual's business, if any, rather than employe labor organization of which the employees are mem ill in the boxes below only on the last page for this e ransfer the Total contributions for this event to form	100 to statewide and General A or should be listed. If two or mo bers, if any, must also appear. [re employees contribute via pa R.C. 3517.10(B)(4)]	iyroll deduction and exceed the aggregate of \$100,	
the date column				
utel contributions this agent	Total expenditures this event.			
otal contributions this event	Total experientates this event.			
`		'		
l l			J \$2,400.	