Event Date	)5/26/2016
Page	6

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05					
Name of Committee in Full		<u></u>					
Friends of Dr Anahi Ortiz							
Full Name of Contributor			Registration Number, if PAC				
Razan Alkhoury							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1302 Bingham Mills Dr		T		2 6		50.00	
City	State	Zip Code		ash,Checl			
New Albany Full Name of Contributor	OIH	43221	_	Chec			
			Registra	ation Num	IDET, IT PA	AC .	
Dr. John Stechshulte Street Address	Family and Occur	national abor Organization*	м	Q T	ΙΥ	Amount	
262 Neil Ave.	Lampayarocci	Employer/Occupation/Labor Organization*		216	1		
City	State	Zip Code		ash,Checl		100.00	
Columbus	ОТН	1 '		Chec			
Full Name of Contributor		10221		Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Checl	k,etc)		
Full Name of Contributor	<del></del>		Registra	ntion Num	ber, if PA	AC .	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Ϋ́	Amount	
					<u> </u>		
City	State	Zip Code	Form(C	ash,Checi	c,etc)		
						27	
Full Name of Contributor			Registra	ition Num	ber, if PA	vC.	
D	In 1 10			т	1 1/	т	
Street Address	Employer/Occu	pation/Labor Organization®	M	Q I	۲	Amount	
City	State	Zip Code	Eart C	ash,Check	1	************************************	
cuj	I State	ZIP COOK	rume	asii (AECA	c,ac)		
Full Name of Contributor	1 !		Registra	ntion Num	her.if PA	C	
			100000				
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
				l i			
City	State	Zip Code	Form(C	ash,Checl	c,etc)	The state of the s	
	1					A STATE OF THE STA	
Full Name of Contributor		<del></del>	Registra	tion Num	ber, if PA		
Street Address	Employer/Occupation/Labor Organization*		М	D	Υ	Amount	
City	State	Zip Code	Form(C	ash,Checi	c,etc)		
		1	ı			e de la companya de l	

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 tist the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$150.00_
1.035.00	986.12	<u>.                                    </u>

<sup>\*</sup> 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)]