

T U N P A P E R F I L I N G U N I T

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

Prescribed by Secretary of State 03/05

 6/30/16
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Name of Committee in Full					
Full Name of Contributor Friends of Rick Pfeiffer Committee				Registration Number, if PAC	
Street Address 4619 Snowy Meadow Drive		Employer/Occupation/Labor Organization*		M 6 D 15 Y 16	Amount \$50
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor OAPSE AFSCME Turnaround PAC LA 1269				Registration Number, if PAC	
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*		M 06 D 16 Y 16	Amount \$250
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Firefighters Local 67 PAC Fund				Registration Number, if PAC LA 839	
Street Address 379 W. Broad Street		Employer/Occupation/Labor Organization*		M 6 D 10 Y 16	Amount \$650
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Curtin				Registration Number, if PAC	
Street Address 1370 Cambridge Blvd.		Employer/Occupation/Labor Organization* Ohio, State Rep.		M 6 D 13 Y 16	Amount \$100
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus/Central Ohio Building Trades Council-Ed. Fund				Registration Number, if PAC	
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization*		M 06 D 08 Y 16	Amount \$300
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	Amount
City		State OH	Zip Code	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.

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

Total expenditures this event.

\$11,100.00

0.00

\$1.350