1	
Event Date)5/26/2016
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05					
Name of Committee in Full							
Friends of Dr Anahi Ortiz							
Razan Alkhoury			Registra	tion Nun	iber, if PA	NC .	
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1302 Bingham Mills Dr	Employer/Occupation/Labor Organization*		M	D	Y	Amount	E0.00
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Dr. John Stechshulte			Registra	4200 11411	104, 117		
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262 Neil Ave.				D 216	1 6		100.00
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Columbus	OTH	43221		Chec	,		
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Full Name of Contributor			Registra	tion Num	iber, if PA	AC .	
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SHOW FINANCIS	Employer/Occupation/Labor Organization*		1 "	lί	1 1	-CHIOUM	
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Full Name of Contributor		<u></u>	Registra	tion Num	ber, if PA	C The second sec	
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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 Contribution 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		
		Page Total \$	150.00
1.035.00	986.12		

^{*} 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)]