

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

Prescribed by Secretary of State 03/05

 Event Date 9-18-11
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Name of Committee in Full			
Re: Elect Mike Ebert			
Full Name of Contributor		Registration Number, if PAC	
Fred + Pat Dewitt			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
244 Old Coach Pl		0	9/18/11 50 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Joe/Kelly Abbott			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
59 W. Colb. St.		0	9/18/11 100 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Calvin/Jamie Caswell			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
239 Powder Horn Pl		0	9/18/11 50 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Gretchen Gehlbach			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
888 Bowen Rd		0	9/18/11 25 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Doris Hartman			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
74 Fairfield St.		0	9/18/11 25 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Ken/Marilyn Multerer			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
253 Powder Horn Pl		0	9/18/11 100 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	
Full Name of Contributor		Registration Number, if PAC	
Diane Cole			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7455 Williamson Ln		0	9/18/11 50 ⁰⁰
City	State Zip Code	Form (Cash, Check, etc.)	
CW	OH 43110	check	

* 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.

Page Total \$ 400⁰⁰