

31-E

R.C. 3517.10(B)

Event Date 09/26/2015

Page 1

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC	
Full Name of Contributor Cindy S. Stewart				Registration Number, if PAC	
Street Address 4537 North Bank Rd		Employer/Occupation/Labor Organization* CCW Administrative Assistant		M 09	D 26
City Buckeye Lake		State OH	Zip Code 43008	Y 15	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Theresa Netotian				Registration Number, if PAC	
Street Address 4242 Etna Street		Employer/Occupation/Labor Organization* City of Whitehall		M 09	D 26
City Whitehall		State OH	Zip Code 43213	Y 15	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gladys Brown				Registration Number, if PAC	
Street Address 3697 Doney Street		Employer/Occupation/Labor Organization*		M 09	D 26
City Columbus		State OH	Zip Code 43213	Y 15	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Sherry Brown				Registration Number, if PAC	
Street Address 5086 Greenwood Ct.		Employer/Occupation/Labor Organization*		M 09	D 26
City Columbus		State OH	Zip Code 43213	Y 15	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis and Priscilla Roberge				Registration Number, if PAC	
Street Address 372 Cumberland Drive		Employer/Occupation/Labor Organization*		M 09	D 26
City Whitehall		State OH	Zip Code 43213	Y 15	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Wanita Ensman				Registration Number, if PAC	
Street Address 1643 Westlawn Ave.		Employer/Occupation/Labor Organization*		M 09	D 26
City Columbus		State OH	Zip Code 43213	Y 15	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Teresa Roule				Registration Number, if PAC	
Street Address 257 Santa Maria Lane		Employer/Occupation/Labor Organization*		M 09	D 26
City Whitehall		State OH	Zip Code 43213	Y 15	Amount \$25.00
				Form (Cash, Check, etc.) 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

1,085	00
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Total expenditures this event.

\$137	96
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Page Total \$	400.00
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