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

	/
Event Date	8-16-13
Page 4	

Prescribed by Secretary of State 03/05

Name of Committee in Full		51 State 05/05		
Re- Elect Mike E	bert			
Full Name of Contributor Coolman			Registration Number, if PAC	_
Street Address	E-malous (Os usas)	T.1. O		
City 204 Saint Jacques S.	Employer/Occupation	/Labor Organization*	M D Y Amount 00	
Worthington	Sta te Z	2ip Code 4 3085	Form (Cash, Check, etc.)	
Full Name of Contributor Mike Walker			Registration Number, if PAC	
Street Address	C	3) 0)		
6673 Eagle Ridge Ln.	Employer/Occupation/Labor Organization*		M 8 16 15 Amount 50	
Canal Winchester	State Z	Sip Code 43/10	Form (Cash, Check, etc.)	
Full Name of Contributor Pek Stebleton			Registration Number, if PAC	
Street Address PO Box 58	Employer/Occupation/Labor Organization*		M 8 1 6 15 38 00	-
Canal Winchester	Sta te Z	ip Code 43710	Form (Cash, Check, etc.)	
Full Name of Contributor Diana Schmitz			Registration Number, if PAC	j
Street Address 6277 Mistover Ln.	Employer/Occupation/Labor Organization*		M D Y Amount 00	
Canal Wincheste	Sta te Zi	ip Code 43//0	Form (Cash, Check, etc.)	
Full Name of Contributor. Charles Chert			Registration Number, if PAC	
Street Address 2621 Praire Grass.	Employer/Occupation/Labor Organization*		M D Y Amount 60	1
Lancaster	Sta te Zi	43/30	Form (Cash, Check, etc.)	
Full Name of Contributor Bob Wood TT			Registration Number, if PAC	٦
Street Address 7952 Sprin Mill Dr	Employer/Occupation/Labor Organization*		M 8 1 6 1 5 30	1
Canal Winchester	State Zip	9 Code 4 3110	Form (Cash, Check, etc.)	
Full Name of Contributor JAN (A5 Well	<u> </u>	·	Registration Number, if PAC	
239 Powderhorn	Employer/Occupation/Labor Organization*		M D Y Amount 00	1
Canal Winchester	State Zip	Code 43110	Form (Cash, Check, etc.)	
Required for contributions from individuals over \$100 to statewide	and General Assembly	y candidates. If contributor is	self-employed the accumation and the name of	f

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

1298 00

Total expenditures this event

50,00

Page Total \$ 358