



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Will Petrik for Columbus				
Full Name of Contributor Carol E Whitmer			Registration Number, if PAC	
Street Address 2221 Myrtle Ave	Employer/Occupation/Labor Organization* OH Assn of Foodbanks/Prog. Mrg		Date (MM/DD/YYYY) 10/04/2017	Amount 100.00
City Columbus	State OH	Zip Code 43211	Form (Cash, Check, Etc) Check	
Full Name of Contributor Virginia Vogts			Registration Number, if PAC	
Street Address 97 Westwood Rd	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 10/04/2017	Amount 200.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mary Casey			Registration Number, if PAC	
Street Address 178 Olantangy St	Employer/Occupation/Labor Organization* Riverside Hosp/Social Worker		Date (MM/DD/YYYY) 10/04/2017	Amount 100.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Check	
Full Name of Contributor Alaina McCleeny			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* OH Environmental Coun/Dev. Ass		Date (MM/DD/YYYY) 10/04/2017	Amount 25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Benjamin Kile			Registration Number, if PAC	
Street Address 874 Dennison Ave	Employer/Occupation/Labor Organization* ICC/Data Analyst		Date (MM/DD/YYYY) 10/04/2017	Amount 100.00
City Columbus	State OH	Zip Code 43215	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
525.00

Total Expenditures This Event
0

Page Total \$ **525.00**