Event Date	02/02/17
Page	· I

## Statement of Contributions Received at a Social or Fundraising Event

State   Zip Code   Cash   Formi(Cash,Check,etc)   Cash   Formi(Cash,Check,etc)   Cash   Full Name of Contributor   Karen Held Phipps   Employer/Occupation/Labor Organization*   M		Prescribed by Seci	retary of State 3/05				
Full Name of Contributor							
Employer/Occupation/Labor Organization*	والمناوات والمناولات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات						
Street Address			Registration Number, if PAC				
338 S. High St.							
State   Zip Code   Cash   Form(Cash,Check,ete)   Cash		Employer/Occupa	Employer/Occupation/Labor Organization*		, .	unount	100.00
Columbus							100.00
Full Name of Contributor Karen Held Phipps  Street Address 3807 Lakedale Dr.  City Hilliard Check Full Name of Contributor Andrew Havas  Street Address 300 Bradford Dr.  City Canfield Check Full Name of Contributor  Check Full Name of Contributor  State Cip Code Check Full Name of Contributor  Check Full Name of Contributor  William Hannigan  Street Address Employer/Occupation/Labor Organization*  M D Y Amount D 2 0 2 1 7 7 100  City Canfield Check Full Name of Contributor William Hannigan  Street Address Employer/Occupation/Labor Organization*  M D Y Amount D 2 0 2 1 7 7 100  City Columbus Full Name of Contributor Check State City Columbus Check, etc Columbus Cash Full Name of Contributor Woodrow Fox  Street Address 233 North Bend Dr.  City State City Check Employer/Occupation/Labor Organization* M D Y Amount D 2 0 2 1 7 7 100  City Check Full Name of Contributor Woodrow Fox  Street Address Employer/Occupation/Labor Organization* M D Y Amount D 2 10 2 1 7 7 25  City Check Full Name of Contributor Woodrow Fox  Street Address Employer/Occupation/Labor Organization* M D Y Amount D 2 10 2 1 7 7 25  Check Full Name of Contributor Pataskala Check Full Name of Contributor Pataskala Check Full Name of Contributor Pataskala Check Employer/Occupation/Labor Organization* M D Y Amount D 2 10 2 1 7 7 25  Check Registration Number, if PAC  Check Full Name of Contributor Pataskala Check, etc Check Registration Number, if PAC  Check Registration Number, if PAC  Check Full Name of Contributor Pataskala Check, etc Check Registration Number, if PAC  Check Full Name of Contributor Pataskala Check, etc Check Full Name of Contributor Patask			•	1 1			
State   Zip Code   Form(Cash, Check, etc)   Check		<u> </u>	43215				
Street Address   State   Zip Code   Form(Cash,Cheek,ete)   Amount   25   25   25   25   25   25   25   2			Registration Number, if PAC				
State			··········				
City Hilliard Full Name of Contributor Andrew Havas Street Address 300 Bradford Dr.  City Canfield Full Name of Contributor William Hannigan Street Address Full Name of Contributor  City Columbus Full Name of Contributor  Woodrow Fox Street Address Full Name of Contributor  Woodrow Fox Street Address Full Name of Contributor  Full Name of Contributor  Woodrow Fox Street Address Full Name of Contributor  Full Name of Contributor  Water Address Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Pataskala Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Patrick Fleming  Full Name of Contributor  Full Name of Con		Employer/Occupa	Employer/Occupation/Labor Organization*			mount	
Hilliard							250.00
Full Name of Contributor	•	<b>f</b>	i .				
Andrew Havas   Street Address   Employer/Occupation/Labor Organization*   M   D   Y   Amount   O   2   0   2   1   7   100   O   2   0   2   1   7   100   O   O   O   O   O   O   O   O   O		$O \mid H$	43026				
Street Address   Street Address   State   Zip Code   Form(Cash,Check,etc)   Canfield   Check				Registration	Number, if PAC		
300 Bradford Dr.			<del></del>				
City Canfield O H 44406 Check  Full Name of Contributor William Hannigan  Street Address Employer/Occupation/Labor Organization* M D Y Amount Columbus Columbus Cash Full Name of Contributor Woodrow Fox  Street Address Employer/Occupation/Labor Organization* M D Y Amount Columbus Cash Form(Cash,Check,etc) Columbus Cash Form(Cash,Check,etc) Columbus Cash Form(Cash,Check,etc) Columbus Registration Number, if PAC  Columbus Cash Form(Cash,Check,etc) Columbus Cash Registration Number, if PAC  City State Zip Code Form(Cash,Check,etc) Check Full Name of Contributor Patrick Fleming Street Address Employer/Occupation/Labor Organization* M D Y Amount O 2 0 2 1 7 1 10  Check Full Name of Contributor Patrick Fleming Street Address Employer/Occupation/Labor Organization* M D Y Amount O 2 0 2 1 7 1 10  City State Zip Code Form(Cash,Check,etc)  City State Zip Code Form(Cash,Check,etc) Form(Cash,Check,etc)	1	Employer/Occupa	tion/Labor Organization*			Amount	
Canfield							100.00
Full Name of Contributor   William Hannigan	1 ·		Zip Code	` ` ′			
William Hannigan           Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount           7715 Triple Ct.         State         Zip Code         Form(Cash, Check, etc)         Total         Cash           Columbus         O         H         43016         Cash         Registration Number, if PAC           Full Name of Contributor         Registration Number, if PAC         Number, if PAC         Amount         O         2 0 2 1 7         250           Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount         Amount         O         2 0 2 1 7         250           City         State         Zip Code         Form(Cash, Check, etc)         Check         Registration Number, if PAC         Check         Registration Number, if PAC         Check         Amount         O         2 0 2 1 7         Amount         O         D         Y         Amount         O         2 0 2 1 7         TO         TO         TO         O         D         Y         Amount         O         D         D         Y         Amount         O         D         D         Y         Amount         O         D         Y         Amount	Canfield	ОН	44406	Check			
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T7715 Triple Ct.							
State		Employer/Occupa	Employer/Occupation/Labor Organization*			mount	
Columbus         O         H         43016         Cash           Full Name of Contributor         Registration Number, if PAC           Woodrow Fox         Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount           233 North Bend Dr.         State         Zip Code         Form(Cash, Check, etc)         Form(Cash, Check, etc)           Pataskala         O         H         43062         Check           Full Name of Contributor         Registration Number, if PAC           Patrick Fleming         Employer/Occupation/Labor Organization*         M         D         Y         Amount           2128 Poplar St.         State         Zip Code         Form(Cash, Check, etc)	7715 Triple Ct.						100.00
Full Name of Contributor	1 ·	1	, .		. ,		
Woodrow Fox   Employer/Occupation/Labor Organization*   M   D   Y   Amount   233 North Bend Dr.   State   Zip Code   Form(Cash, Check, etc)   Check   Full Name of Contributor   Patrick Fleming   Employer/Occupation/Labor Organization*   M   D   Y   Amount   Contributor   Check   Employer/Occupation/Labor Organization*   M   D   Y   Amount   Contributor   Contributor   Check   C	Columbus	O H	43016	Ca	ash		
Street Address				Registration	Number, if PAC		
233 North Bend Dr.							
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Pataskala         O H 43062         Check           Full Name of Contributor         Registration Number, if PAC           Patrick Fleming         Street Address         Employer/Occupation/Labor Organization*         M D Y Amount           2128 Poplar St.         0 2 0 2 1 7         10           City         State         Zip Code         Form(Cash, Check, etc)	233 North Bend Dr.						250.00
Full Name of Contributor	City	1	l '	Form(Cash,C	Check,etc)		
Patrick Fleming           Street Address         Employer/Occupation/Labor Organization*         M         D         Y         Amount           2128 Poplar St.         0 2 0 2 1 7         10           City         State         Zip Code         Form(Cash, Check, etc)	Pataskala	OH	43062				
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			Registration Number, if PAC				
2128 Poplar St.         0 2 0 2 1 7         10           City         State         Zip Code         Form(Cash, Check, etc)	Patrick Fleming						
City State Zip Code Form(Cash,Check,etc)		Employer/Occupation/Labor Organization*		1 1		Amount	
	2128 Poplar St.				2 1 7		100.00
	• ·		1 '	Form(Cash,C	Check,etc)		
Columbus O H 43207 Check	Columbus	OH	43207	_ Ch	eck		
Full Name of Contributor Registration Number, if PAC	Full Name of Contributor			Registration	Number, if PAC		
Cecily Ferris	Cecily Ferris						
Street Address Employer/Occupation/Labor Organization* M D Y Amount	•	Employer/Occupa	Employer/Occupation/Labor Organization*			Amount	
	580 S. High St., Suite 250						100.00
City State Zip Code Form(Cash,Check,etc)	• •		1 ·				
Columbus O H 43215 Check	Columbus	I O H	43215	<u> </u>	eck		

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 \$ 1.000.00

<sup>\*</sup> 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)]