

31-E

R.C. 3517.10(B)

Event Date 9-18-11
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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Re-Elect Mike Ebert					
Full Name of Contributor			Registration Number, if PAC		
Raymond Ebert					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
347 W. Waterloo St		09	18	11	100 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
CW	OH	43110	check		
Full Name of Contributor			Registration Number, if PAC		
Cynthia/Robert Toledo					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
7160 Old Creek Ln		09	17	11	25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
CW	OH	43110	check		
Full Name of Contributor			Registration Number, if PAC		
Donna/Benton Yoxtheimer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6569 Lakeview Circle		09	18	11	250 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
CW	OH	43110	check		
Full Name of Contributor			Registration Number, if PAC		
Joe/Kelly Donahue					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8195 Seastar Dr.		09	18	11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
Blacklick	OH	43004	cash		
Full Name of Contributor			Registration Number, if PAC		
Amelia Nowlin/Dave Nowlin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8414 Papillon Ave		09	18	11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
Reynoldsburg	OH	43068	cash		
Full Name of Contributor			Registration Number, if PAC		
Bob Wresinger					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
279 Old Coach Place		09	18	11	50 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
CW	OH	43110	cash		
Full Name of Contributor			Registration Number, if PAC		
Pat Dreher					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
176 Delane St.		09	18	11	25 ⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.)		
Groveport	OH	43215	cash		

* 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: 550⁰⁰