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

Event Date	7-19-15
Page/	<del>_</del>

	Prescribed by Secretary of State 03/05		
Name of Committee in Full Re-Elect Mike Ebert	4		
Full Name of Contributor  Carolyn Ebert		Registration Number, if PAC	
Street Address / 253 Old Coach Pl	Employer/Occupation/Labor Organization*	M D Y Amount 200	
Canal Winchester	State Zip Code OH 43110	Form (Cash, Check, etc.)	
Full Name of Contributor Lori Dean DeWitt	Registration Number, if PAC		
Street Address 51 John anne Circle	Employer/Occupation/Labor Organization*	M D Y Amount 00	
Canal Winchester	Sta te Zip Code 0H 43110	Form (Cash, Check, etc.)	
Full Name of Contributor Kathleen Wilden thate		Registration Number, if PAC	
Street Address 17 Walnut View CtN		M D Y Amount 00	
Ciry Canal Winchester	Sta te   Zip Code	Form (Cash, Check, etc.)  Check	
Full Name of Contributor Erin Dobda		Registration Number, if PAC	
Street Address 6545 Buckner St.	Employer/Occupation/Labor Organization*	M D Y Amount 00	
Canal Winchester	Sta te Zip Code 43//0	Form (Cash, Check, etc.)	
Full Name of Contributor  John Warbel		Registration Number, if PAC	
Street Address 217 Mohican Rd	Employer/Occupation/Labor Organization*	M D Y Amount 00	
Canal Winchester	OH Zip Code 43/10	Form (Cash, Check, etc.)	
Full Name of Contributor Portricia Dewitt		Registration Number, if PAC	
Street Address 244 Old Coach Pl City O	Employer/Occupation/Labor Organization*	M 07 19 15 30	
Canal Winchester	State Zip Code 43/10	Form (Cash, Check, etc.)	
Full Name of Contributor Patricia De Witt Street Address		Registration Number, if PAC	
244 Old Coach Pl	Employer/Occupation/Labor Organization*	M D V Amount D / S / 2	
Carial Winduster	Sta te   Zip Code	Form (Cash, Check, etc.)	
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.	•	