

**Statement of Contributions Received  
at a Social or Fund-Raising Event**  
Prescribed by Secretary of State 3/05

Event Date <u>11/19/2015</u>
Page <u>27</u> 11-18 Event

Name of Committee in Full Friends of O'Connor						
Full Name of Contributor Robert Robenalt			Registration Number, if PAC			
Street Address 2222 Northam Rd	Employer/Occupation/Labor Organization* Fisher & Phillips Partner		M 11	D 19	Y 15	Amount \$150.00
City Columbus	State OH	Zip Code 43221-3130	Form (Cash, Check, etc.) Check			
Full Name of Contributor Erin Synk			Registration Number, if PAC			
Street Address 63 Hanford St	Employer/Occupation/Labor Organization*		M 11	D 19	Y 15	Amount \$25.00
City Columbus	State OH	Zip Code 43206-3629	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 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  
\$1,390.00

Total expenditures this event.  
\$0.00

Page Total \$ 175.00