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

Event Date 9/24/16	
Page 1	

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Ted Berry				
Fuli Name of Contributor			Registration Number, if PAC	
Edward C Hertenstein				
Street Address 7235 Biddick Court	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 1 6 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
New Albany	OH	43054	Check	
Full Name of Contributor			Registration Number, if PAC	
Donald L Mason				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
910 Center Ct		1-, 2 7	0 9 2 3 1 6 \$100.00	
City	Staj te	Zip Code	Form (Cash, Check, etc.)	
Zanesville Full Name of Contributor	OH	43701	Check	
Richard S Mulligan		Registration Number, if PAC		
Street Address	F 1 //		M D Y Amount	
380 Eastmoor Blvd	Employer/Occupat	ion/Labor Organization*	0 9 2 3 1 6 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH <sup>'</sup>	43209	Check	
Full Name of Contributor			Registration Number, if PAC	
Stephen D Jones				
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount	
2364 Bryden Rd			0 9 2 3 1 6 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43209	Check	
Full Name of Contributor Matthew J Borges			Registration Number, if PAC	
Street Address 2763 Sherwood Rd	Employer-Occupat	ion/Labor Organization*	0 9 2 3 1 6 Amount \$300.00	
City	Stal te	Zip Code	Form (Cash. Check, etc.)	
Columbus	OH	43209	Check	
Full Name of Contributor  Melissa R Hoeffel			Registration Number, if PAC	
Street Address 1234 Hope Ave	Employer/Occupat	ion/Labor Organization*	0 9 2 3 1 6 Amount \$250.00	
City Grandview Heights	Stalte OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel G Hilson	<b>,</b>		Registration Number, if PAC	
Street Address 4281 Olmsted Rd	Employer Occupat	ion/Labor Organization*	0 9 2 3 1 6 \$250.00	
City New Albany	Staj te OH	Zip Code 43054	Form (Cash, Check, etc.) Check	

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
LOUG	i comunications	CHILL	CVCIII

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,200.00

<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 also appear, [R.C. 3517,10(B)(4)]