31-E R.C. 3517.10(B)

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

Event Date	11/19/2015
Page 26	11-18 Event

Name of Committee in Full Friends of O'Connor		· <b>****</b>	•						
Full Name of Contributor Emerald Hernandez				Registration Number, if PAC					
Street Address 2611 River Oaks Dr	Employer/0	Occupation/Labor Organization*	M 11	D 19	Y 15	Amount	\$100.00		
City Columbus	State OH	1 · · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.) Check				
Full Name of Contributor Matthew Jolson				Registration Number, if PAC					
Street Address 1358 Cambridge Blvd	Employer/C	Employer/Occupation/Labor Organization*		D 19	Y 15	Amount	\$50.00		
City Columbus	State OH	Zip Code 43212-3207	Form Chec		l Check, et	c.)			
Full Name of Contributor Arthur McKenzie				Registration Number, if PAC					
Street Address 6971 Shorehill Ln	Employer/C	Occupation/Labor Organization*	M 11	D 18	Y 15	Amount	\$100.00		
City Columbus	State OH	Zip Code 43235-2033	Form (Cash, Check, etc.) Check						
Full Name of Contributor Mary McKenzie		· · · · · · · · · · · · · · · · · · ·	Regis	tration N	Number,	if PAC			
Street Address 6971 Shorehill Ln	Employer/0	Employer/Occupation/Labor Organization*		D 19	Y 15	Amount	\$100.00		
City Columbus	State OH	Zip Code 43235-2033	Form Chec		heck, et	c.)			
Full Name of Contributor Michael Moriarty				Registration Number, if PAC					
Street Address 79 S Remington Rd	Employer/0	Employer/Occupation/Labor Organization*		D 19	Y 15	Amount	\$50.00		
City Columbus	State OH	Zip Code 43209-1855	Form Chec		heck, et	c.)			
Full Name of Contributor John O'Connor	•	•	Regis	tration N	lumber,	if PAC			
Street Address 573 Olentangy Woods Dr	Employer/C	Employer/Occupation/Labor Organization*		D 18	Y 15	Amount	\$20.00		
City Columbus	State OH	Zip Code 43235-3495	Form Chec		heck, et	c.)			
Full Name of Contributor Scott Partika	•	* *			Registration Number, if PAC				
Street Address 6050 Villa Marie Rd	Employer/C	Employer/Occupation/Labor Organization*		D 19	Y 15	Amount	\$25.00		
City Lowellville	State OH	<u> </u>			Form (Cash, Check, etc.) Check				
Full Name of Contributor	Ų.	On 44430-3303			Registration Number, if PAC				
Street Address 350 E Tompkins St Unit B	Employer/0	Employer/Occupation/Labor Organization*		D 19	Y 15	Amount	\$25.00		
City Columbus	State OH	Zip Code 43202-2788	Form Chec		heck, et	c.)			