

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

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Katie & Steve Quinzel		Registration Number, if PAC	
Street Address 3759 Washburn St.	Employer/Occupation/Labor Organization*	M D Y 02 06 15	Amount 100.00
City Whitehall	State OH Zip Code 43213	Form (Cash, <u>Check</u> , etc.)	
Full Name of Contributor James A Flesch		Registration Number, if PAC	
Street Address 686 Westphal	Employer/Occupation/Labor Organization*	M D Y 2 6 15	Amount 50.00
City Whitehall	State OH Zip Code 43213	Form <u>Cash</u> , Check, etc.)	
Full Name of Contributor Cheryl Thompson		Registration Number, if PAC	
Street Address 422 Maplewood Ave	Employer/Occupation/Labor Organization* DEAS	M D Y 02 07 15	Amount 50.00
City Whitehall	State OH Zip Code 43213	Form (Cash, <u>Check</u> , etc.)	
Full Name of Contributor Al & Julie Dgo		Registration Number, if PAC	
Street Address 4563 St Francis W	Employer/Occupation/Labor Organization* CLARK / Supervisor	M D Y 02 07 15	Amount 50
City Whitehall	State OH Zip Code 43213	Form (<u>Cash</u> , Check, etc.)	
Full Name of Contributor Sandy & John Kunz		Registration Number, if PAC	
Street Address 239 Fairway Blvd	Employer/Occupation/Labor Organization*	M D Y 02 06 15	Amount 100.00
City Whitehall, OH	State OH Zip Code 43213	Form (Cash, <u>Check</u> , etc.)	
Full Name of Contributor Bob & Marge Quinzel		Registration Number, if PAC	
Street Address 631 Callingswood Ave.	Employer/Occupation/Labor Organization*	M D Y 02 06 15	Amount 75.00
City Whitehall OH 43213	State OH Zip Code 43213	Form (Cash, <u>Check</u> , etc.)	
Full Name of Contributor Mike & Sherry Brown		Registration Number, if PAC	
Street Address 5065 Greenwood Ct	Employer/Occupation/Labor Organization*	M D Y 02 06 15	Amount 50.00
City Whitehall	State OH Zip Code 43213	Form (Cash, <u>Check</u> , 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

180.00

Total expenditures this event.

0.00

Page Total \$

425.00