

Event Date: 02/01/2018 Page:

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

Form 31-E R.C. 3517.10(B)

		R.C. 3517.10(B)		
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ge Gill		· <del>-</del> · · · ·		
		Registration Number, if PAC		
Andrew Murray Street Address Employer/Occupation/Organization			_	
	Employer/Occupation/Organization	ł .	Amount	
1629 S. Praire Ave, Unit 1011			\$200.00	
State	1 '	1		
J IL	60616			
Full Name of Contributor Taft, Stettinius & Hollister			Registration Number, if PAC	
00	Employer/Occupation/Organization		Amount	
	<u> </u>		\$500.00	
1		B.	100	
OH	45202		# DAG	
Full Name of Contributor  Mary Ansbro			Registration Number, if PAC	
	Employer/Occupation/Organization	1111/20/00/01	A second	
	employer/Occopation/Organization		Amount	
C1 - 1 -	71-0-4-		\$250.00	
1		ľ		
Оп	43213		if DAC	
		Registration Number,	II FAC	
	Employer/Occupation/Organization	MANA/DD/VVVV	Amount	
	Employoff o ocopanion, organization		\$150.00	
State	7in Code		\$100.00	
	<b>I</b>			
Columbus OH 43215  JI Name of Contributor		Registration Number, if PAC		
Eimear Bahnson *			.,,,,,	
	Employer/Occupation/Organization	MM/DD/YYYY	Amount	
			\$600.00	
State	Zip Code	Form: Cash, Check, etc		
	The state of the s	CHECK		
1 0 11		Registration Number,	if PAC	
Full Name of Contributor  Baker & Wick, LLC			_	
	Employer/Occupation/Organization	MM/DD/YYYY	Amount	
		02/01/18	\$150.00	
State	Zip Code	Form: Cash, Check, etc		
ОН	43215	CHECK		
Columbus OH 43215 Full Name of Contributor			if PAC	
Eugene Battisti				
	Employer/Occupation/Organization	MM/DD/YYYY	Amount	
		02/01/18	\$250.00	
State	Zip Code	Form: Cash, Check, etc		
OH	43206	CHECK		
	State OH  State OH  State OH  State OH	State IL Zip Code 60616    Employer/Occupation/Organization	Registration Number,    Employer/Occupation/Organization   MM/DD/YYYY   O2/01/18     State   Zip Code   Form: Cash, Check, etc   CHECK     Registration Number,	

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 From No. 31-E" and list the date of the event in the date column.

\*\*Contributor is self-employed, the occupation and the name of the individual's business, if any, must also appear. [R.C. 3517.10(B)(4)]

Total Contributions This Event	Total Expenses This Event	Page Total: \$ 2100 -

<sup>\*</sup> connotes court appointed expert or attorney/GAL list
\*\* relative of court employee