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 01/26/2016 1-26-16 Page 21

Full Name of Control									
Full Name of Contributor Scott Dimauro				Registration Number, if PAC					
Street Address 1046 Bluffpoint Dr	Employer/C	Occupation/Labor Organization*	M 01	D 26	Y 16	Amount	\$100.00		
City Columbus	State OH	Zip Code 43235-2156	Form (Cash, Check, etc.) Check						
Full Name of Contributor Sue Foley				Registration Number, if PAC					
Street Address 4898 Sharon Ave	Employer/Occupation/Labor Organization* Retired Retired		M 01	D 26	Y 16	Amount	\$125.00		
City Columbus	State OH	Zip Code 43214-1850	Form Chec		lheck, et	c.)			
Full Name of Contributor Jim Fronk				Registration Number, if PAC					
Street Address 2134 Oakmount Rd	Employer/C	Occupation/Labor Organization*	M 01	D 26	Y 16	Amount	\$100.00		
City Columbus	State OH	Zip Code 43221-1230	Form (Cash, Check, etc.) Check						
Full Name of Contributor John Gilligan	•		Regis	tration N	lumber,	if PAC			
Street Address 1420 Castleton Rd N	Employer/C Ice Miller Lawyer	Occupation/Labor Organization*	M 01	D 26	Y 16	Amount	\$250.00		
City Columbus	State OH	Zip Code 43220-3810	Form (Cash, Check, etc.) Credit Card						
Full Name of Contributor Marna Gutman				Registration Number, if PAC					
Street Address 4517 Rosemont PI	Employer/C retired retired			D 26	Y 16	Amount	\$200.00		
City Columbus	State OH	Zip Code 43214-2516	Form (Cash, Check, etc.) Check						
Full Name of Contributor Patricia Hadler				Registration Number, if PAC					
Street Address 1921 Suffolk Rd	Employer/Occupation/Labor Organization*		M 01	D 26	Y 16	Amount	\$100.00		
City Columbus	State OH	Zip Code 43221-4215	Form Chec		heck, et	c.)			
Full Name of Contributor Kristopher Keller				Registration Number, if PAC					
Street Address 4820 Sharon Ave	Employer/Occupation/Labor Organization*		M 01	D 26	Y 16	Amount	\$100.00		
City Columbus	State OH	1 · · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.)				
rull Name of Contributor Melodee Kornacker			Registration Number, if PAC						
Street Address PO Box 218207	Employer/C	Employer/Occupation/Labor Organization*		D 26	Y 16	Amount	\$100.00		
City	State OH	Zip Code 43221-8207	Form Chec		heck, et	c.)			