

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Re Elect Mike Ebert</u>				
Full Name of Contributor <u>Annette Ebert</u>			Registration Number, if PAC	
Street Address <u>77 W. Columbus St.</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 19 11</u>	Amount <u>50.00</u>
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Marie Gibbons</u>			Registration Number, if PAC	
Street Address <u>7297 Bromfield Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 18 11</u>	Amount <u>25.00</u>
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jacqueline / Paul Oxley</u>			Registration Number, if PAC	
Street Address <u>314 Old Meadows Ct.</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 18 11</u>	Amount <u>100.00</u>
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>PA / DE Reiser</u>			Registration Number, if PAC	
Street Address <u>1430 Winchester Southern Rd</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 18 11</u>	Amount <u>50.00</u>
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>David Marion</u>			Registration Number, if PAC	
Street Address <u>106 E. Cols. St.</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 18 11</u>	Amount <u>100.00</u>
City <u>CW</u>	State <u>OH</u>	Zip Code <u>43110</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John / Anne Gonzales</u>			Registration Number, if PAC	
Street Address <u>335 Wildwood Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 21 11</u>	Amount <u>75.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Charles / Carol Ebert</u>			Registration Number, if PAC	
Street Address <u>2621 Prairie Grass Ave</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 13 11</u>	Amount <u>25.00</u>
City <u>Lancaster</u>	State <u>OH</u>	Zip Code <u>43130</u>	Form (Cash, Check, etc.) <u>Check</u>	

* 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

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Total expenditures this event.

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Page Total \$

425.00