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

Event Date	3/25/15
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Prescribed by Secretary of State 03/05

Full Name of Contributor George Breitmayer III		
Employer/Occupation/Labor Organization* Attorney		M 3 D Y Amount 5150.00
State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
•	•	Registration Number, if PAC
Employer/Occupation/Labor Organization* Siewert & Gjostein		0 3 2 5 1 5 \$150.00
Sta te OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Tom Lindsey		
	Jpper Arlington	M 3 D Y Amount \$150.00
Stafte OH	Zip Code 43026	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
Employer/Occupation/Labor Organization*		M D Y Amount 0 3 2 5 1 5 \$150.00
Staj te OH	Zip Code 43147	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
Employer/Occupation/Labor Organization*		0 3 2 5 1 5 Amount \$200.00
OH.	Zip Code 43215	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
Employer/Occupa	, and the second	0 3 2 5 1 5 Amount \$500.00
OH	Zip Code 43206	Form (Cash, Check, etc.) Check
		Registration Number, if PAC
Employer/Occupation/Labor Organization* Attorney		0 3 2 5 1 5 Amount \$400.00
Stalte OH	Zip Code 43215	Form (Cash, Check, etc.) Check
	Employer/Occupa City of U State OH Employer/Occupa City of U State OH Employer/Occupa State OH Employer/Occupa State OH Employer/Occupa State OH Employer/Occupa State OH	Attorney State Zip Code A3017 Employer/Occupation/Labor Organization* Siate Zip Code OH A3085 Employer/Occupation/Labor Organization* City of Upper Arlington State Zip Code OH A3026 Employer/Occupation/Labor Organization* Zip Code OH A3147 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code OH A3215 Employer/Occupation/Labor Organization* Zip Code OH A3215 Employer/Occupation/Labor Organization* Zip Code OH A3206

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

rotal contributions this event	
\$0.00	

Total expenditures this event.

,	
\$0.	00

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)]