Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_8/22/14
Page 7

Full Name of Contributor								
Stacy Ritter				Registration Number, if PAC				
Street Address	Employer/Occur	pation/Labor Organization*	M	D	Yi	Amount		
4600 Tensweep		, , , , , , , , , , , , , , , , , , , ,		0 4	1 4	\$100.00		
City	Sta te	Zip Code	Form (Cash, Che	k, etc.)			
New Albany	OH	43054	Chec	*		1000		
Full Name of Contributor			Registration Number, if PAC					
Allison Rish		·						
1933 Coventry Rd	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
City	Sta te	Zip Code	0 9	0 4 Cash, Chec	1 4	\$50.00		
Columbus	OH	43212	Chec		K, etc.)			
Full Name of Contributor	011	40212		Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y		Amount			
City	State	Zip Code	Form (C	Cash, Chec	k, etc.)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
Full Name of Contributor	of Contributor			Registration Number, if PAC				
•			Kegisii	ation Num	Det, 11 t	AC		
treet Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	Sta te	Zip Code	Form (C	ash, Chec	k, etc.)	NAC STATE		
MIN	OH				_	2,443		
Full Name of Contributor			Registr	ation Num	ber, if F	AC		
treet Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount		
					}			
ity	Sta te	Zip Code	Form (C	ash, Check	c, etc.)			
full Name of Contributor	OH							
an ivalite of Contributor			Registra	ation Num	ber, if P	AC		
rrect Address	Employer/Occupa	stion/Labor Organization*	M D		Y	Amount		
ity	Sta te	Zip Code	Form (C	ash, Check	etc.)			
	OH _.					252		
ull Name of Contributor			Registra	tion Numb	er, if P.	AC		
reet Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount		
ity	Starte OH	Zip Code	Form (C	ash, Check	, etc.)	77.49 E-7		

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	
\$4,218.00	
1	

Total expenditures this event.

\$2,746.63	

Page Total \$