31,	E
R.C.	3517.10(B)

Event Date		
Page	 	

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05				
Name of Committee in Full	• •				-	
Ashenhurst for Hilliard Citv Cour	ucıl					
Full Name of Contributor			Registration Nu	mber, if Pa	<b>AC</b>	
Street Address	Employer/Occur	pation/Labor Organization*	MID	Ý	Amount	
Sheet Address	Employer/occup	Secon Euror Organization			, canount	
City	State	Zip Code	Form(Cash,Che	ck.etc)		
Full Name of Contributor			Registration Nu	mber, if Pa	AC	
Bill Stilson						
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y	Λιποunt	
355 East Campus View Blvd			0 3 1	0   9		125.00
City	State	Zip Code	Form(Cash,Che	,		
Columbus	O   H	43235	chec			
Full Name of Contributor		···	Registration Nu	mber, if Pa	۸C	
Street Address	Employar/Occur	pation/Labor Organization*	M D	Тү	Amount	
Sircet Address	EmployenOccul	Battoti Lagor Organization			Amount	
City	State	Zip Code	Form(Cash,Cla	ck.etc)		
		1				
Full Name of Contributor	•		Registration Nu	ımber, if Pa	AC	
Street Address	Employer/Occup	oation/Labor Organization*	МВ	Y	Amount	
City	State	Zip Code	Form(Cash,Che	eck.etc)		
		1	` `	,		
Full Name of Contributor			Registration No	unber, if P.	AC .	
Street Address	Employer/Occupation/Labor Organization*		M D	Y	Amount	
Silveringuess	2					
City	State	Zip Code	Form(Cash,Che	eck.etc)		
Full Name of Contributor			Registration N	unber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M D	Y	Amount	<u> </u>
			i	1		
City	State	Zip Code	Form(Cash,Ch	eck,etc)		
Full Name of Contributor			Registration N	unber, if P	AC	
			<del>                                     </del>	1	Т.	
Street Address	Employer/Oceu	pation/Labor Organization*	M D	Y	Amount	
City	State	Zip Code	Form(Cash.Ch	eck.etc)		
	1					
		201 10 10 10 10	1 1 1			

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

III the date coldini.			
Total contributions this event	Total expenditures this event		
		Page Total \$	125.00

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]