

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect Mike Ebert			
Full Name of Contributor Marilyn Rush-Ekelberry		Registration Number, if PAC	
Street Address 124 Beauty Ct.	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 75 ⁰⁰
City Canal Winchester	State OH Zip Code 43110	Form (Cash, Check, etc.) check	
Full Name of Contributor Charles Ebert		Registration Number, if PAC	
Street Address 2621 Praise Grass Ave	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 50 ⁰⁰
City Lancaster	State OH Zip Code 43130	Form (Cash, Check, etc.) cash	
Full Name of Contributor Lois Bottarini		Registration Number, if PAC	
Street Address 7846 Edgewater Dr.	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 8 ⁰⁰
City Canal Winchester	State OH Zip Code 43110	Form (Cash, Check, etc.) cash	
Full Name of Contributor Mary Ebert		Registration Number, if PAC	
Street Address 2621 Praise Grass Ave	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 10 ⁰⁰
City Lancaster	State OH Zip Code 43130	Form (Cash, Check, etc.) cash	
Full Name of Contributor Chasiti Ebert		Registration Number, if PAC	
Street Address 6680 Bigerton Bend	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 20 ⁰⁰
City Canal Winchester	State OH Zip Code 43110	Form (Cash, Check, etc.) cash	
Full Name of Contributor Mary Metcalf		Registration Number, if PAC	
Street Address 7188 Charlton Ct	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 50 ⁰⁰
City Canal Winchester	State OH Zip Code 43110	Form (Cash, Check, etc.) cash	
Full Name of Contributor Bob Stanley		Registration Number, if PAC	
Street Address 6577 Saylor Ct.	Employer/Occupation/Labor Organization*	M 08 D 16 Y 15	Amount 50 ⁰⁰
City Canal Winchester	State OH Zip Code 43110	Form (Cash, Check, etc.) cash	

* 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 \$ 263⁰⁰