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

Event Date 4/28/15	
Page 4	

Prescribed by Secretary of State 03/05

			
Full Name of Commbutor Neal & Billiejean Zimmers		Registration Number, if PAC	
Employer/Occup	ation/Labor Organization*	M D Y Amount 0 4 2 8 1 5 \$100.00	
Staj te OH	Zip Code 43023	Form (Cash, Check, etc.) check	
-		Registration Number, if PAC	
Employer/Occups	ation/Labor Organization*	M D Y Amount 550.00	
Sta te	Zip Code	Form (Cash, Check, etc.)	
OH	43209	Registration Number, if PAC	
Full Name of Contributor Christopher & Sandra Long			
Employer/Occupa	ation/Labor Organization*	0 4 2 8 1 5 \$500.00	
Staite	Zip Code	Form (Cash, Check, etc.)	
ОН	43068	check	
		Registration Number, if PAC	
Employer/Occupa	ation/Labor Organization*	M D Y Amount 0 3 1 6 1 5 \$50.00	
Staj te OH	Zip Code 43068	Form (Cash, Check, etc.) check	
		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		0 4 2 8 1 5 Amount \$50.00	
Star te OH	Zip Code 43206	Form (Cash, Check, etc.) check	
		Registration Number, if PAC	
Employer/Occupa	ation/Labor Organization*	0 4 2 7 1 5 Amount \$50.00	
Stail te OH	Zip Code 43068	Form (Cash, Check, etc.) check	
•		Registration Number, if PAC	
Employer/Occups	ation/Labor Organization*	0 4 2 7 1 5 Amount \$100.00	
Stal te OH	Zip Code 43068	Form (Cash, Check, etc.) check	
	Employer/Occupa Employer/Occupa Staj te OH Employer/Occupa	Employer/Occupation/Labor Organization* Staj te Zip Code OH 43209 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43068 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43068 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43068 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43206 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43068 Employer/Occupation/Labor Organization* Staj te Zip Code OH 43068	

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 th	his event
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\$3,570.00

Total expenditures this event.

\$1,980.22

Page Total \$ _____\$900.00

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)]