Event Date	07/08/17
Page	12

Statement of Contributions Received at a Social or Fundraising Event

$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$		Prescribed by Sec	retary of State 3/05			
Fall Name of Contributor State Zap Code Columbus Contributor Check Columbus Contributor Check Columbus Care Columbus Care Columbus Care Columbus Care Columbus Care C	Name of Committee in Full					
Street Address			·			
State Address Employer/Occupation/Labor Organization* M D T Amount D T T S0.00				Registration Number	er, if PAC	
1033 Marland Dr. N. State Zp Code Form(Cash, Check, etc) Columbus			···			
State		Employer/Occupa	tion/Labor Organization*	1 1 1		
Columbus						50.00
Full Name of Contributor Ira Sully Street Address Employer/Occupation/Labor Organization* M	1 ·	1	•	` ′ ′		
		O H	43215	Check		
Street Address Employer/Occupation/Labor Organization*				Registration Number	er, if PAC	
State Zip Code Form(Cash, Check, etc) Check						
State Zip Code Form(Cash, Check, etc) Check		Employer/Occupa	tion/Labor Organization*	1 1 1		
Columbus						75.00
Full Name of Contributor	1 -		•		*	
Cheryl Sullivan Street Address Employer/Occupation/Labor Organization* M D Y Amount 50,000		0 H	43206	Check		
Street Address				Registration Number	er, if PAC	
1866 Berkley Rd.						
State Zip Code Form(Cash, Check, etc) Check		Employer/Occupa	tion/Labor Organization*	1 1 1	B	
Columbus	1866 Berkley Rd.			0 7 0 8	1 7	50.00
Registration Number, if PAC	City	Į.	· ·	Form(Cash,Check,e	etc)	
Robert Shirk Street Address Employer/Occupation/Labor Organization* M D Y Amount 100.00		OH	43207	Check	,	
Employer/Occupation/Labor Organization*				Registration Number	er, if PAC	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Robert Shirk					
State Zip Code Form(Cash, Check, etc) Check	1	Employer/Occupa	tion/Labor Organization*	1 1 1		
Dublin O H 43016 Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 417 Chase Ave. 0 7 0 8 1 7 50.00 City State Zip Code OH 43022 Form(Cash, Check, etc) Gambier Check Registration Number, if PAC Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 458 E. Whittier St. State Zip Code OH Form(Cash, Check, etc) Form(Cash, Check, etc) City State Zip Code OH A3206 Form(Cash, Check, etc) Check Check Full Name of Contributor OH Dwight Garner Employer/Occupation/Labor Organization* M D Y Amount Street Address Employer/Occupation/Labor Organization* M D Y Amount O 7 0 8 1 7 50.00 City State Zip Code Form(Cash, Check, etc)	5799 Killiney Ln.			0 7 0 8	1 7	100.00
Full Name of Contributor John Ryerson	City	State	Zip Code	Form(Cash,Check,e	etc)	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Dublin	LO H	43016	Check		
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				Registration Number	er, if PAC	
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupation/Labor Organization*				
Gambier O H 43022 Check Full Name of Contributor Kathryn Green Registration Number, if PAC Street Address 458 E. Whittier St. Employer/Occupation/Labor Organization* M D Y Amount 0 7 0 8 1 7 50.00 City 5 State Columbus 6 Columbus 7 Columbus 7 Columbus 7 Check 5 Check 6 Check 7	417 Chase Ave.			0 7 0 8	1 7	50.00
Full Name of Contributor Kathryn Green Street Address Employer/Occupation/Labor Organization* 458 E. Whittier St. City State Zip Code Form(Cash, Check, etc) Columbus OH A3206 Full Name of Contributor Dwight Garner Street Address Employer/Occupation/Labor Organization* $A = A + A + A + A + A + A + A + A + A + $	City	State	1 .	Form(Cash,Check,e	etc)	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Gambier	$O \mid H$	43022	Check		
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occupa	tion/Labor Organization*			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	458 E. Whittier St.			0 7 0 8	1 7	50.00
Full Name of Contributor	City	i i	1 -	Form(Cash,Check,e	etc)	
	Columbus	$O \perp H$	43206	Check		
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Full Name of Contributor			Registration Number	er, if PAC	
895 Beech St. 0 7 0 8 1 7 50.00 City State Zip Code Form(Cash, Check, etc)	Dwight Garner					
City State Zip Code Form(Cash, Check, etc)	1	Employer/Occupa	tion/Labor Organization*	1 1 1		
	895 Beech St.					50.00
Columbus O H 43206 Check	1		1 -			
	Columbus	OH	43206	Check		

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 c	ontributions	this	event	
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425.00

Total	expenditures this event	
	wla	

Page Total \$	425.00
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^{*} 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)]