

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

Prescribed by Secretary of State 03/05

Event Date 8-14-15
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Name of Committee in Full <u>CITIZENS FOR RAMSEY</u>				
Full Name of Contributor <u>BOD CAPACE</u>			Registration Number, if PAC	
Street Address <u>3953 KUL CIRCLE S.</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 14 15</u>	Amount <u>81.24</u>
City <u>WILLIAM</u>	State <u>OH</u>	Zip Code <u>43024</u>	Form (Cash, Check, etc.) <u>Pay Pal</u>	
Full Name of Contributor <u>SAM ULUM</u>			Registration Number, if PAC	
Street Address <u>5798 DENA DRIVE</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 14 15</u>	Amount <u>42.47</u>
City <u>WILLIAM</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Pay Pal</u>	
Full Name of Contributor <u>DAN ROGOWSKI</u>			Registration Number, if PAC	
Street Address <u>3124 STUBENBURGH DR</u>	Employer/Occupation/Labor Organization*		M D Y <u>08 14 15</u>	Amount <u>40.47</u>
City <u>WILLIAM</u>	State <u>OH</u>	Zip Code <u>43026</u>	Form (Cash, Check, etc.) <u>Pay Pal</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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

1318 31

Total expenditures this event.

600 00

Page Total \$ 162.18