31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 3/05

Event Date	03/02/2015
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Full Name of Contributor					Registration Number, if PAC					
OAPSE AFSCME Turnaround Ohio PA			LA12	, 						
Street Address 6805 Oak Creek Dr	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$500.00			
City Columbus	State OH				Form (Cash, Check, etc.) Check					
Full Name of Contributor Kimber Perfect				Registration Number, if PAC						
Street Address 251 W 3rd Ave	Employer/0	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.00			
City Columbus	State OH	,			Form (Cash, Check, etc.) Check					
Full Name of Contributor Francis Pompey		Registration Number, if PAC								
Street Address 4809 Saint Andrews Dr	Employer/0	Occupation/Labor Organization*	M 03	D 02	Y 15	Amount	\$100.00			
City Grove City	State OH	Zip Code 43123-8198	Form Credi	(Cash, (it Card	Check, et	cc.)				
Full Name of Contributor Julie Presas	, , , , ,		Regis	tration 1	Number,	if PAC	•			
Street Address 112 Highland Ter	Employer/C OCLC Counsel			D 02	Y 15	Amount	\$250.00			
City Columbus	State OH	rom (Cash, Check, etc.)								
Full Name of Contributor Letha Pugh	butor				Registration Number, if PAC					
Street Address 651 Wiltshire Rd	Co-Owner	Employer/Occupation/Labor Organization* Co-Owner Bake me Happy			Ý 15	Amount	\$500.00			
City Columbus	State OH	-4			Form (Cash, Check, etc.) Credit Card					
Full Name of Contributor Sandra Rich					Registration Number, if PAC					
Street Address 978 Village Bluff Dr	Employer/C	Employer/Occupation/Labor Organization*		D ·	Y 15	Amount	\$100.00			
City Columbus	State OH	, , , , , , , , , , , , , , , , , , ,			Form (Cash, Check, etc.) Check					
Full Name of Contributor Elizabeth K Robbins	·	<u> </u>	Regist	ration N	lumber,	if PAC				
Street Address 657 Wiltshire Rd	Employer/C	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$100.00			
City Columbus	State OH					Form (Cash, Check, etc.) Check				
ull Name of Contributor eter Ross				Registration Number, if PAC						
Street Address 300 W Spring St Unit 1302	Employer/O	Employer/Occupation/Labor Organization*		D 02	Y 15	Amount	\$50.00			
City	State OH	Zip Code 43215-7657	Form (Cash, Check, etc.) Check							