Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	7/19/17
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Name of Committee in Full Friends of Schregardus						
Full Name of Contributor			Danie	ation NI	mbar 12 f	0A.C
Eric Yap			Registr	acton NU	mber, if I	AC .
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount
6082 Castlebury Blvd.		0	0 7	1 9	1 7	\$250.00
City	Sta te	Zip Code			eck, etc.)	
Hilliard	OH	43026	check			
Full Name of Contributor			Registration Number, if PAC			PAC
Street Address	Employer/Occup	ation/Labor Organization*	M	D.	Y	Amount
				<u> </u>		
City	Star te	Zip Code	Form (C	Cash, Che	ck, etc.)	
	OH				1 22	
Full Name of Contributor			Registration Number, if PAC		AC	
Street Address	Employer/Gecup	ation/Labor Organization*	M _.	D	Y.	Amount.
		,				
City	Sta_te	Zip Code	Form (C	ash, Che	ck, etc.)	
	OH					
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
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City	Sta te	Zip Code	Form (C	Cash, Che	eck, etc.)	
	ОН					
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC
Street Address	Employer/Occup	ation/Labor Organization*	M	D.	Y.	Amount
		· ·				
City	Star te OH	Zip Code	Form (C	Cash, Che	ock, etc.)	
Full Name of Contributor			Registr	ation Nu	mber, if I	PAC
				T T.	1 1/2	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount
City	Sta te	Zip Code	Form (ash. Ch	eck, etc.)	
	ОН					
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Geom	vation/Labor Organization*	M	D	Y.	Amount
		V				
City	Sta te	Zip Code	Form (0	ash, Ch	eck. etc.)	
	OH					
* Required for contributions from individuals over	r \$100 to statewide and General As	sembly candidates. If contribu	itor is self-em	ployed.	the occi	ipation and the name of

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

lotal contributions this event		
\$1 325	በበ	

\$0.00

Total expenditures this event.

\$250.00 Page Total \$

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)]