

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

Event Date <u>01/23/2016</u>
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Name of Committee in Full Friends of O'Connor				
Full Name of Contributor Fredrick Vierow			Registration Number, if PAC	
Street Address 6670 Haymore Ave W	Employer/Occupation/Labor Organization*		M 01	D 23
			Y 16	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lillian Webb			Registration Number, if PAC	
Street Address 6811 Rieber St	Employer/Occupation/Labor Organization*		M 01	D 23
			Y 16	Amount \$50.00
City Worthington	State OH	Zip Code 43085-2428	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marilyn West			Registration Number, if PAC	
Street Address 2193 Fernleaf Ln	Employer/Occupation/Labor Organization*		M 01	D 23
			Y 16	Amount \$25.00
City Columbus	State OH	Zip Code 43235-2750	Form (Cash, Check, etc.) Check	

* 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)]

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
\$700.00

Total expenditures this event.
\$0.00

Page Total \$ 175.00