

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

Prescribed by Secretary of State 03/05

Event Date 9/4/13
Page 2

Name of Committee in Full			
Citizens for Jason Phillips			
Full Name of Contributor		Registration Number, if PAC	
Ursula McKenna			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
202 Academy Ct		0 9 0 4 1 3	30.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	Ohio	43230	Check
Full Name of Contributor		Registration Number, if PAC	
Heather Smith			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
217 S. Hempstead Road		0 9 0 4 1 3	20.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	Ohio	43081	Check
Full Name of Contributor		Registration Number, if PAC	
Janice Bertram			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
406 Granville Square		0 9 0 4 1 3	125.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	Ohio	43085	Check
Full Name of Contributor		Registration Number, if PAC	
Ed Fausnaugh			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
529 Acton Road		0 9 0 4 1 3	50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	Ohio	43214	Check
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

225 00

Total expenditures this event.

0 00

Page Total \$ 225.00