

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Abbott for Office					
Full Name of Contributor Karen Stiles				Registration Number, if PAC N/A	
Street Address 323 N. Sarwil Drive		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mariah J. Storts				Registration Number, if PAC N/A	
Street Address 9710 Alspach Road		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Angela M. Steager				Registration Number, if PAC N/A	
Street Address 7021 Bromont Place		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jennifer L. Wisecarver				Registration Number, if PAC N/A	
Street Address 7475 Woodale Drive		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Carroll		State OH	Zip Code 43112	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jennifer Solomon				Registration Number, if PAC N/A	
Street Address 16 N. High Street		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Todd Detty				Registration Number, if PAC N/A	
Street Address 192 Washington Street		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Carolyn J. Ebert				Registration Number, if PAC N/A	
Street Address 253 Pld Coach Place		Employer/Occupation/Labor Organization* N/A		M 0	D 9
City Canal Winchester		State OH	Zip Code 43110	Y 1	Amount \$25.00
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 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$285.00**