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

Event Date 9/14/11 9/1/16

Prescribed by Secretary of State 03/05

Name of Committee in Full Abbott for Office				
Full Name of Contributor			Registration Number, if	PAC
Karen Stiles			N/A	
Street Address	Employer/Occupation/Labor Organization* N/A		M D Y	Amount
323 N. Sarwil Drive			0 9 0 1 1 1	\$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	ОН	43110	Check	
Full Name of Contributor			Registration Number, if PAC	
Mariah J. Storts			N/A	
Street Address	Employer/Occupation/Labor Organization* N/A		$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} D \\ 0 \end{bmatrix} 1 \begin{bmatrix} Y \\ 1 \end{bmatrix} 1$	Amount
9710 Alspach Road				
City Canal Winchester	Staj te OH	Zip Code	Form (Cash, Check, etc. Check)
Full Name of Contributor	On	43110	Registration Number, if	4 4 4
Angela M. Steager			N/A	
Street Address	E-malariar/Onour	ention/Labor Omeniantion*	M D Y	Amount
7021 Bromont Place	Employer/Occupation/Labor Organization* N/A		0 9 0 1 1 1	
City	Sta te	Zip Code	Form (Cash, Check, etc.	•
Canal Winchester	OH	43110	Check	
Full Name of Contributor			Registration Number, if PAC	
Jennifer L. Wisecarver			N/A	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
7475 Woodale Drive	N/A		0 9 0 1 1 1	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Carroll	OH	43112	Check	
Full Name of Contributor Jennifer Solomon			Registration Number, if N/A	PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
16 N. High Street	N/A		0 9 0 1 1 1	
City 'Canal Winchester	Sta' te OH	Zip Code 43110	Form (Cash, Check, etc. Check)
Full Name of Contributor	ОП	43110		The second secon
Todd Detty	Registration Number, if	PAC		
Street Address 192 Washington Street	Employer/Occupation/Labor Organization* N/A		M D Y	Amount
<u></u>			0 9 0 1 1 1	
City Canal Winchester	OH State	Zip Code 43110	Form (Cash, Check, etc.) Check)
Full Name of Contributor Carolyn J. Ebert			Registration Number, if PAC N/A	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
253 Pld Coach Place	N/A	_		\$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.) A Suite o
Canal Winchester	OH	43110	Check	1
+ D 1 10 11 1 0 1 11 1	***			

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

\$0.00

Total expenditures this event.

\$0.00

^{*} 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)]