

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Dr Anahi Ortiz							
Full Name of Contributor Leo Almedida						Registration Number, if PAC	
Street Address 3862 Abbie Lakes Dr		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 20.00
City Canal Winchester	State OH	Zip Code 43110		Form(Cash,Check,etc) Check			
Full Name of Contributor Sabrina Khols						Registration Number, if PAC	
Street Address 4016 Silsby Rd		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 25.00
City University Heights	State OH	Zip Code 43213		Form(Cash,Check,etc) Cash			
Full Name of Contributor Cameron Conard						Registration Number, if PAC	
Street Address 262 Neil Ave.		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 25.00
City Columbus	State OH	Zip Code 43215		Form(Cash,Check,etc) Cash			
Full Name of Contributor Priscilla Roberge						Registration Number, if PAC	
Street Address 372 Cumberland		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 50.00
City Whitehall	State OH	Zip Code 43213		Form(Cash,Check,etc) Check			
Full Name of Contributor Jean Williams						Registration Number, if PAC	
Street Address 6387 Portsmouth Drive		Employer/Occupation/Labor Organization* 5		M 0	D 5	Y 16	Amount 25.00
City Reynoldsburg	State OH	Zip Code 43068		Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Sexton						Registration Number, if PAC	
Street Address 284 Highland St		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 100.00
City Columbus	State OH	Zip Code 43201		Form(Cash,Check,etc) Check			
Full Name of Contributor Nick Nelson						Registration Number, if PAC	
Street Address 67 Deland Ave		Employer/Occupation/Labor Organization*		M 0	D 5	Y 16	Amount 50.00
City Columbus	State OH	Zip Code 43334		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

1,035.00

Total expenditures this event

986.12

Page Total \$ 295.00