

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Citizens for Jason Phillips</u>				
Full Name of Contributor <u>Wendy McKenna</u>			Registration Number, if PAC	
Street Address <u>202 Academy Ct</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 04 13</u>	Amount <u>30.00</u>
City <u>Columbus</u>	State <u>Ohio</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Heather Smith</u>			Registration Number, if PAC	
Street Address <u>217 S. Hempstead Road</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 04 13</u>	Amount <u>20.00</u>
City <u>Westerville</u>	State <u>Ohio</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jamie Bertram</u>			Registration Number, if PAC	
Street Address <u>406 Granville Square</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 04 13</u>	Amount <u>125.00</u>
City <u>Worthington</u>	State <u>Ohio</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ed Fausnaugh</u>			Registration Number, if PAC	
Street Address <u>529 Acton Road</u>	Employer/Occupation/Labor Organization*		M D Y <u>09 04 13</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>Ohio</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>Check</u>	
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
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Total expenditures this event.

0	00
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Page Total \$ 225.00