31-E
R.C. 3517.10(B)

Event Date 10/26/2015
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Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Friends of Sharon Whitten						
Full Name of Contributor			Registration Number, if PAC			
Marianne Fatiga Mahoney						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5335 Solomon Avenue			10	26	15	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
Groveport	OH	43125	Check			
Full Name of Contributor			Registration Number, if PAC			
Mary Nordstrom						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
PO Box 254			10	26	15	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canal Winchester	OH	43110	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael Stutz						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3820 Battersea Drive	Retired		10	26	15	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Groveport	OH	43125	Check			
Full Name of Contributor			Registration Number, if PAC			
Ginger Beck						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
5545 Harriet Street			10	26	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Groveport	OH	43125	Check			
Full Name of Contributor			Registration Number, if PAC			
Richard Brown						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3 South High Street			10	26	15	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canal Winchester	OH	43110	Check			
Full Name of Contributor			Registration Number, if PAC			
Tami Snyder						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4310 Charlotte			10	26	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43207	Cash			
Full Name of Contributor			Registration Number, if PAC			
Angie Byas						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2854 Fleet Road			10	26	15	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43232	Cash			

* 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: 285.00

Total expenditures this event:

Page Total $ 285.00