

Event Date	7/14/2015
Page	7

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 Mary Jo Kilroy			Registration Number, if PAC		
Street Address 3100 Midgard Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43202	Amount 100.00		
			Form(Cash, Check, etc) Check		
Full Name of Contributor Jean Williams			Registration Number, if PAC		
Street Address 6367 Portsmouth Drive	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Reynoldsburg	State O	Zip Code 43068	Amount 25.00		
			Form(Cash, Check, etc) Check		
Full Name of Contributor Samantha Herd			Registration Number, if PAC		
Street Address 143 East Morrill Avenue	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43207	Amount 50.00		
			Form(Cash, Check, etc) Check		
Full Name of Contributor Bill Hedrick, Esq.			Registration Number, if PAC		
Street Address 535 West 1st Avenue	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43215	Amount 50.00		
			Form(Cash, Check, etc) Check		
Full Name of Contributor Carole DePaola			Registration Number, if PAC		
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State O	Zip Code 43220	Amount 75.00		
			Form(Cash, Check, etc) Check		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Amount		
			Form(Cash, Check, etc)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State	Zip Code	Amount		
			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 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

Total expenditures this event

Page Total \$ 300.00