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

Event Date_	7-19-15
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Prescribed by Secretary of State 03/05						
Name of Committee in Full	lect Mike Eb	ert				
Full Name of Contributor Sean	Heary			Registration Number, if PAC		
Street Address 206 E	E. Hocking St. Employer/Occupation/Labor Organization*			M 7 19 15 Amount 7500		
city Canal W	Vinchester	State OH	Zip Code 43/10	Form (Cash, Check, etc.)		
Full Name of Contributor	Eha-t	Registration Number, if PAC				
Street Address Complete Chart Complete Chart Employer/Occupation/Labor Organization*				M D Y Amount 50		
City () - ()	Columbus St.	Sta te	Zip Code	0 7 / 9 / 3 / 00 Form (Cash, Check, etc.)		
Full Name of Contributor	incluster	OH	43//0	Registration Number, if PAC		
Street Address Employer/Occupation/Labor Organization*				registration (winder, it PAC		
6653	Ohio Canal G	M 7 19 15 Amount 020				
Canal W.	nchester	OH State	Zip Code 43//0	Form (Cash, Check, etc.)		
Full Name of Contributor	1660H			Registration Number, if PAC		
Street Address 59 W. Columbus 57. Employer/Occupation/Labor Organization*				M D Y Amount 00		
city Canal W	incluster	Sta te	Zip Code 43//0	Form (Cash, Check, etc.)		
Full Name of Contributor Paul O	wens	,	7 3// 0	Registration Number, if PAC		
Street Address	1/ 01	Employer/Occupa	tion/Labor Organization*	M D Y Amount		
5505 City (C = 3	Hayse Rd	Sta te	Zip Code	07/9/5 30 Form (Cash, Check, etc.)		
Full Name of Contributor)(T	011	43125	Registration Number, if PAC		
Joe Donahuc Street Address						
7553 (Embers Ln	Employer/Occupation/Labor Organization*		071915 Amount 3		
Canal	Windester	State 0 17	Zip Code 43/10	Form (Cash, Check, etc.)		
Full Name of Contributor Chas, Hy Ebert Registration Number, if PAC						
Street Address 6680 (Biserton Bend	Employer/Occupation/Labor Organization*		M D Y Amount 00		
Canal V	V. nchester	State Of	Zip Code 43//0	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 Fransfer the Total contributions In the date column	the last page for this event. for this event to form No. 31-A. Unde	r Full Name of Co	ontributor state "Contributions	from form No. 31-E" and list the date of the event		
Total contributions this event	Total expenditures this event.					
in 1						