

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

Prescribed by Secretary of State 3/05

Event Date	01/26/2016
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	1-26-16

Name of Committee in Full Friends of O'Connor				
Full Name of Contributor Jodene Scarbrough			Registration Number, if PAC	
Street Address 2790 Alliston Ct	Employer/Occupation/Labor Organization*		M 01	D 26
			Y 16	Amount \$50.00
City Columbus	State OH	Zip Code 43220-4216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Schadek			Registration Number, if PAC	
Street Address 1537 Guilford Rd	Employer/Occupation/Labor Organization*		M 01	D 26
			Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43221-3850	Form (Cash, Check, etc.) Credit Card	
Full Name of Contributor Ruth Schooley			Registration Number, if PAC	
Street Address 2235 Picket Post Lane	Employer/Occupation/Labor Organization*		M 01	D 26
			Y 16	Amount \$100.00
City	State	Zip Code 43225	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fred Sowards			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization* Poling Law Attorney		M 01	D 26
			Y 16	Amount \$250.00
City	State	Zip Code	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Shelly			Registration Number, if PAC	
Street Address 35 Brevoort Rd	Employer/Occupation/Labor Organization*		M 01	D 26
			Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43214-3823	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln Apt D	Employer/Occupation/Labor Organization*		M 01	D 27
			Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43213-4158	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Woods			Registration Number, if PAC	
Street Address 1022 Blind Brook Dr	Employer/Occupation/Labor Organization*		M 01	D 26
			Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43235-1207	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
\$3,925.00

Total expenditures this event.
\$0.00

Page Total \$ 800.00