

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State WOT

Name of Committee or Full					
Friends of Sean McMullen					
Full Name of Contributor Mike Armstrong					Registration Number, if PAC
Street Address 40 Pequot Way	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 12.50
City Canton	State M A	Zip Code 02120		Form (Cash, Check, etc) Cash	
Full Name of Contributor Obiaghanwa Ugbana					Registration Number, if PAC
Street Address 360 Westerdale Drive	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 42.50
City Gahanna	State O H	Zip Code 43230		Form (Cash, Check, etc) Check	
Full Name of Contributor Cornelius McGrady					Registration Number, if PAC
Street Address 8675 Kingsley Drive	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 25.00
City Reynoldsburg	State O H	Zip Code 43068		Form (Cash, Check, etc) Check	
Full Name of Contributor Ron Braxton					Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 15.00
City	State	Zip Code		Form (Cash, Check, etc) Cash	
Full Name of Contributor Preston Stearns					Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 25.00
City	State	Zip Code		Form (Cash, Check, etc) Cash	
Full Name of Contributor Joy Marshall					Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 20.00
City	State	Zip Code		Form (Cash, Check, etc) Cash	
Full Name of Contributor Tonya McCreary					Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*			M D Y 0 9 0 7 1 5	Amount 15.00
City	State	Zip Code		Form (Cash, Check, etc) 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

Total expenditures this event

Page Total \$ 155.00