



BOARD OF ELECTIONS
DELAWARE COUNTY, OHIO
2021 JUL 20 AM 9:13

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

Committee Name Melissa Schiffel for Delaware County Prosecutor		Office Sought County Prosecuting Attorney		District
Street Address 2818 Cannon Circle		City Lewis Center	State OH	Zip 43035
Candidate Name OR PAC Registration Number Melissa Schiffel		Treasurer Name Mike Ringle		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$30,681.24
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	
4. Total funds available (sum of lines 1, 2, 3)	\$30,681.24
5. Total monetary expenditures (From Forms 31-B and 31-F)	
6. Balance on hand (line 4 minus line 5)	\$30,681.24
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

		07/15/2021 Date (MM/DD/YYYY)	
Signature of Treasurer or Deputy Treasurer			
Contribution Pages	Expenditure Pages	Other Pages	Total Pages 1

Last Updated 09/2017

2022 JAN 14 AM 9:06

Committee Name Melissa Schiffler for Delaware County Prosecutor		Office Sought County Prosecuting Attorney		District
Street Address 2818 Cannon Circle		City Lewis Center	State OH	Zip 43015
Candidate Name OR PAC Registration Number Melissa Schiffler		Treasurer Name Mike Ringle		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year
2021

1. Amount brought forward from last report	\$30,681.24
2. Total monetary contributions (From Forms 31-A and 31-E)	
3. Total other income (From Form 31-A-2)	\$0.99
4. Total funds available (sum of lines 1, 2, 3)	\$30,682.23
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$1,903.17
6. Balance on hand (line 4 minus line 5)	\$28,779.06
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Mike Ringle

01/06/2022

Date (MM/DD/YYYY)

Signature of Treasurer or Deputy Treasurer

Contribution Pages

Expenditure Pages
1

Other Pages
9

Total Pages
11

Last Updated 09/2017

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Melissa Schiffel for Delaware County Prosecutor			
Full Name of Contributor First Citizens National Bank		Registration Number, if PAC	
Street Address 33 West William Street	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.) EFT
City Delaware	State OH	Zip Code 43015	Amount \$0.99
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 0.99

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Melissa Schiffel for Delaware County Prosecutor			
To Whom Paid Deluxe Corporation		Date (MM/DD/YYYY) 09/08/2021	Amount \$27.95
Street Address 3680 Victoria Street North		Purpose Checks	
City Shoreview	State MN	Zip Code 55126	Check Number EFT
To Whom Paid Delaware County Republican Party		Date (MM/DD/YYYY) 09/20/2021	Amount \$500.00
Street Address 48 N Sandusky Street		Purpose Lincoln dinner table sponsorship	
City Delaware	State OH	Zip Code 43015	Check Number 165956
To Whom Paid Delaware County Junior Fair Sale Committee		Date (MM/DD/YYYY) 10/01/2021	Amount \$403.31
Street Address 149 North Sandusky Street		Purpose Donation	
City Delaware	State OH	Zip Code 43015	Check Number 165958
To Whom Paid Delaware County Republican Party		Date (MM/DD/YYYY) 10/05/2021	Amount \$625.00
Street Address 48 N Sandusky Street		Purpose Lincoln dinner table sponsorship	
City Delaware	State OH	Zip Code 43015	Check Number 165959
To Whom Paid Melissa Schiffel		Date (MM/DD/YYYY) 10/21/2021	Amount \$346.91
Street Address Address On File		Purpose Back the Blue campaign materials reimbursement	
City	State OH	Zip Code	Check Number 1002

Page Total \$ 1,903.17

BOARD OF ELECTIONS
DELAWARE COUNTY, OHIO

2022 JUL 28 AM 9:17

RECEIVED

Committee Name Melissa Schiffel for Delaware County Prosecutor		Office Sought County Prosecuting Attorney		District
Street Address 2818 Cannon Circle		City Lewis Center	State OH	Zip 43035
Candidate Name OR PAC Registration Number Melissa Schiffel		Treasurer Name Mike Ringle		Election Date (MM/DD/YYYY)
Type of Report (choose one): <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

Year
2022

1. Amount brought forward from last report	\$28,779.06
2. Total monetary contributions (From Forms 31-A and 31-E)	\$19,914.00
3. Total other income (From Form 31-A-2)	\$1.62
4. Total funds available (sum of lines 1, 2, 3)	\$48,694.68
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$2,756.30
6. Balance on hand (line 4 minus line 5)	\$45,938.38
7. Value of in-kind contributions received (From Form 31-J-1)	\$3,722.42
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Mike Ringle

07/25/2022

Date (MM/DD/YYYY)

Signature of Treasurer or Deputy Treasurer

Contribution Pages
11

Expenditure Pages
2

Other Pages
8

Total Pages
22

Last Updated 09/2017

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Melissa Schiffel for Delaware County Prosecutor				
Full Name of Contributor William Thomas			Registration Number, if PAC	
Street Address 930 Retreat Lane		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 07/11/2022	Amount \$500.00
Full Name of Contributor Contributions from form No. 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount \$19,414.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total \$19,914.00 OK SP

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Melissa Schiffel for Delaware County Prosecutor			
Full Name of Contributor First Citizens National Bank		Registration Number, if PAC	
Street Address 33 West William Street	Type* Investment/Income	Date (MM/DD/YYYY)	Form (Cash, Check, etc.) EFT
City Delaware	State OH	Zip Code 43015	Amount \$1.62
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.62 CK SA

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor							
Full Name of Contributor The Isaac Wiles Political Action Committee				Registration Number, if PAC CP-1058			
Street Address 2 Miranova Place, Suite 700		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	1	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Lois Palau						Registration Number, if PAC	
Street Address 2 West Winter Street, Suite 207		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Palau Law Offices		0	5	1	250.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Shade						Registration Number, if PAC	
Street Address 236 West Central Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Shade & Shade LLC		0	5	1	250.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Kris Burkett						Registration Number, if PAC	
Street Address 1799 River Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Burkett & Sanderson		0	5	1	250.00
City Granville		State O H	Zip Code 43023	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Carducci						Registration Number, if PAC	
Street Address 1335 Dublin Road, Suite 212-A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Mann & Carducci Co., LPA		0	5	1	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Nancy Midura						Registration Number, if PAC	
Street Address 173 Persimmon Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Retired		0	5	1	75.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Martin						Registration Number, if PAC	
Street Address 50 North Sandusky Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Manos, Martin & Pergram		0	5	1	250.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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

 JA CK
 Page Total \$ 1,575.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor					
Full Name of Contributor Denise King				Registration Number, if PAC	
Street Address 170 South Riverview Street		Employer/Occupation/Labor Organization* Retired		M D Y 0 5 1 1 2 2	Amount 250.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Sarah Huffman				Registration Number, if PAC	
Street Address 6824 Scioto Chase Boulevard		Employer/Occupation/Labor Organization* Ohio Department of Agriculture		M D Y 0 5 1 1 2 2	Amount 250.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Linda Lawrence				Registration Number, if PAC	
Street Address 24 West William Street		Employer/Occupation/Labor Organization* Lawrence Law Office		M D Y 0 5 1 1 2 2	Amount 150.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Susan Garrett				Registration Number, if PAC	
Street Address 27 Coventry Road		Employer/Occupation/Labor Organization* Mail Pro 1		M D Y 0 5 1 1 2 2	Amount 100.00
City Delaware		State O H	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Lee Bodnar				Registration Number, if PAC	
Street Address 842 Mystic Pointe Drive		Employer/Occupation/Labor Organization* Delaware County Engineer		M D Y 0 5 1 1 2 2	Amount 50.00
City Lewis Center		State O H	Zip Code 43035	Form(Cash,Check,etc) Check	
Full Name of Contributor Donald Rankey				Registration Number, if PAC	
Street Address 2560 Woodland Glen Drive		Employer/Occupation/Labor Organization* Delaware County Treasurer		M D Y 0 5 3 1 2 2	Amount 250.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Roger Gilcrest				Registration Number, if PAC	
Street Address 250 West Street, Suite 700		Employer/Occupation/Labor Organization* Attorney		M D Y 0 5 3 1 2 2	Amount 650.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 1,700.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor						
Full Name of Contributor David Thomas				Registration Number, if PAC		
Street Address 3339 Mansion Way	Employer/Occupation/Labor Organization* Taft, Stettinius, & Hollister		M 0	D 5	Y 3	Amount 250.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check			
Full Name of Contributor Daniel Swartwout				Registration Number, if PAC		
Street Address 8818 Westward Way	Employer/Occupation/Labor Organization* City of Powell		M 0	D 5	Y 3	Amount 100.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check			
Full Name of Contributor Sara Walsh				Registration Number, if PAC		
Street Address 5618 Alston Grove Drive	Employer/Occupation/Labor Organization* Realtor		M 0	D 5	Y 3	Amount 250.00
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check			
Full Name of Contributor Scott Cubberly				Registration Number, if PAC		
Street Address 6800 Harriott Road	Employer/Occupation/Labor Organization* Equity		M 0	D 5	Y 3	Amount 100.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check			
Full Name of Contributor Carol O'Brien				Registration Number, if PAC		
Street Address 196 West Lincoln Avenue	Employer/Occupation/Labor Organization* Ohio Attorney General's Office		M 0	D 5	Y 3	Amount 250.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check			
Full Name of Contributor Jack Etheridge				Registration Number, if PAC		
Street Address 924 Bayridge Drive	Employer/Occupation/Labor Organization* Organic Technologies		M 0	D 5	Y 3	Amount 75.00
City Lewis Center	State O H	Zip Code 43035	Form(Cash, Check, etc) Check			
Full Name of Contributor Chris Connelly				Registration Number, if PAC		
Street Address 404 Village Ridge Court	Employer/Occupation/Labor Organization* Taft Stettinius & Hollister		M 0	D 5	Y 3	Amount 100.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 1,125.00

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor				
Full Name of Contributor Shawn Parker			Registration Number, if PAC	
Street Address 90 Northwoods Boulevard, Suite B1	Employer/Occupation/Labor Organization* Parker Realty Associates L		M D Y 0 5 3 1 2 2	Amount 75.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Rex Gore			Registration Number, if PAC	
Street Address 2345 Klondike Road	Employer/Occupation/Labor Organization* Black Wing Shooting Cent		M D Y 0 5 3 1 2 2	Amount 500.00
City Delaware	State O H	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Joe Pemberton			Registration Number, if PAC	
Street Address 2626 Lewis Center Road	Employer/Occupation/Labor Organization* Suburban Natural Gas Cor		M D Y 0 5 3 1 2 2	Amount 75.00
City Lewis Center	State O H	Zip Code 43035	Form(Cash,Check,etc) Check	
Full Name of Contributor Ronald Sabatino			Registration Number, if PAC	
Street Address 3895 Stoneridge Lane	Employer/Occupation/Labor Organization* T&R Properties, Inc.		M D Y 0 5 3 1 2 2	Amount 250.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor David Pemberton			Registration Number, if PAC	
Street Address 2626 Lewis Center Road	Employer/Occupation/Labor Organization* Suburban Natural Gas Cor		M D Y 0 5 3 1 2 2	Amount 1,000.00
City Lewis Center	State O H	Zip Code 43035	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Benton			Registration Number, if PAC	
Street Address 6791 Fall Brook Trail	Employer/Occupation/Labor Organization* Delaware County Commis		M D Y 0 5 3 1 2 2	Amount 100.00
City Delaware	State O H	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Maribeth Meluch			Registration Number, if PAC	
Street Address 8908 Kilbourne Road	Employer/Occupation/Labor Organization* Kohrman Jackson & Krant		M D Y 0 5 3 1 2 2	Amount 100.00
City Sunbury	State O H	Zip Code 43074	Form(Cash,Check,etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 2,100.00



Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor				
Full Name of Contributor Joel Campbell			Registration Number, if PAC	
Street Address 575 S. 3rd Street	Employer/Occupation/Labor Organization* Strip, Hoppers, Leithart, M		M D Y 0 4 2 5 2 2	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Gary Vest			Registration Number, if PAC	
Street Address 6433 Steitz Road	Employer/Occupation/Labor Organization* Retired		M D Y 0 4 2 5 2 2	Amount 75.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Lori Weaver			Registration Number, if PAC	
Street Address P.O. Box 56 <i>203 Broadway E., # 337</i>	Employer/Occupation/Labor Organization* Communications Consulta		M D Y 0 4 2 5 2 2	Amount 1,000.00
City Granville	State O H	Zip Code 43023	Form(Cash, Check, etc) Check	
Full Name of Contributor Michael Ringle			Registration Number, if PAC	
Street Address 2818 Cannon Circle	Employer/Occupation/Labor Organization* Delaware County Auditor		M D Y 0 4 2 5 2 2	Amount 250.00
City Lewis Center	State O H	Zip Code 43035	Form(Cash, Check, etc) Check	
Full Name of Contributor Friends of Kent Shafer			Registration Number, if PAC	
Street Address 3982 Powell Road	Employer/Occupation/Labor Organization* 		M D Y 0 4 2 5 2 2	Amount 100.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Carrie Hickman			Registration Number, if PAC	
Street Address 146 Euclid Avenue	Employer/Occupation/Labor Organization* Homemaker		M D Y 0 4 2 5 2 2	Amount 500.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	
Full Name of Contributor Jonathan Tyack			Registration Number, if PAC	
Street Address 536 South High Street	Employer/Occupation/Labor Organization* The Tyack Law Firm Co., L		M D Y 0 4 2 5 2 2	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	

per email from treas

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 2,675.00

SP CK

Statement of Contributions Received

at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Melissa Schiffel for Delaware County Prosecutor				
Full Name of Contributor Thomas Price			Registration Number, if PAC	
Street Address 4839 Warrensburg Road	Employer/Occupation/Labor Organization* Price Farms Organics, Ltd.		M D Y 0 4 2 5 2 2	Amount 100.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	
Full Name of Contributor Joel Rhoades			Registration Number, if PAC	
Street Address 5975 South Section Line Road	Employer/Occupation/Labor Organization* Epcon Communities		M D Y 0 4 2 5 2 2	Amount 250.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	
Full Name of Contributor Patrick Blayney			Registration Number, if PAC	
Street Address 7365 Monica Court	Employer/Occupation/Labor Organization* Retired		M D Y 0 4 2 5 2 2	Amount 75.00
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check	
Full Name of Contributor Gary Skinner			Registration Number, if PAC	
Street Address 2514 Skinner Road	Employer/Occupation/Labor Organization* Hardscrabble Farms Inc.		M D Y 0 4 2 5 2 2	Amount 100.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	
Full Name of Contributor James Lewis			Registration Number, if PAC	
Street Address 9230 White Oak Lane	Employer/Occupation/Labor Organization* Attorney		M D Y 0 4 2 5 2 2	Amount 1,000.00
City Westerville	State O H	Zip Code 43082	Form(Cash, Check, etc) Check	
Full Name of Contributor George Kaitza			Registration Number, if PAC	
Street Address 120 Olentangy Ridge Place	Employer/Occupation/Labor Organization* Delaware County Auditor		M D Y 0 4 2 5 2 2	Amount 500.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Merrell for Delaware County			Registration Number, if PAC	
Street Address 3481 Royal Dornoch Circle	Employer/Occupation/Labor Organization*		M D Y 0 5 0 5 2 2	Amount 75.00
City Delaware	State O H	Zip Code 43015	Form(Cash, Check, etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 \$ 2,100.00

OH Delaware Schiffel, Melissa EY 2024

The remainder of the documents may be obtained at the following address:

<https://app.box.com/s/2nrexpapsipx2lz41ig7r0zbvcfo0hld>