

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	REC	EIVED	Office Sought County Prosec	uting Atto	rney	District
Street Address 2818 Cannon Circle	City Lewis Cen	ter	State OH	Zip 43035		
Candidate Name OR PAC Registration Number Melissa Schiffel	Treasurer Name Mike Ringle	9		Electi	ion Date (MM/DD/	YYYY)
Statewide Candidates Only:		rimary   Pr	e-General 🗌	Post-Ger	neral Yea 202	
☐ July Monthly ☐ August Monthly ☐ S  Amended Report		Short Form F	Report (R.C. 35 s box if the com n report. See att	mittee is f	iling a	
Amount brought forward from last report			\$30,681.	24		
2. Total monetary contributions (From Form	s 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	s 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	m Form 31-J-2	9	631			
9. Outstanding loans owed by committee (F	From Form 31-	C)				
10. Outstanding debts owed by committee	(From Form 3	1-N)				
11. Outstanding loans owed to committee (	From Form 31	-К)				
12. Value of independent expenditures made	de (From Form	31-U)				
THIS STATEMENT IS MADE UNDER PENAL WHOEVER COMMITS ELECTION FALSIFICATION				FTH DEG	REE.	
Mill zip	and the second s		07/1	5/2021		
Signature of Treasurer or Deputy Treasurer			Date	(MM/DD/YY	YY)	
Contribution Pages Expenditure Pages	Othe	er Pages	Total Pages		Last Update	ed 09/20



# Not an Original Document Ohio Campaign Finance Report

BOARD OF ELECTIONS DELAWARE COUNTY, OHIO

Form 30-A ORC 3517.10

2022 JAN 14 AM 9: 06

Committee Name				Office So	ught			Dist
Melissa Schiffel for Del	aware County Prosecutor	RECEIV	ED	County	Prosecu	uting	Attorney	
Street Address		City			State	Zip		
2818 Cannon Circle		Lewis Cent	er		ОН	430	)15	
Candidate Name OR PAC	Registration Number	Treasurer Name					Election Date (MM	//DD/YYYY
Melissa Schiffel		Mike Ringle						
ype of Report (cho	ose one):							
Annual Se	miannual Pre-Primary	Post-Pr	imary 🗌 Pre	-General		Post-	-General	
Statewide Candidate	s Only:							Year
July Monthly	August Monthly Se	eptember Mont	hly					2021
Amended Report	Termination		Short Form R	eport (R.	.C. 351	7.10	(H))	
⊠ No ☐ Yes	Check this box if the co		Check this short term				e is filing a d instructions.	
1. Amount broug	ht forward from last report			\$3	0,681.2	24		
2. Total monetary	contributions (From Forms	s 31-A and 31-	E) .					
3. Total other inc	ome (From Form 31-A-2)				\$0.99			
4. Total funds ava	ailable (sum of lines 1, 2, 3)			\$3	0,682.2	23		
5. Total monetary	expenditures (From Forms	31-B and 31-l	F)	\$1	,903.1	7		
6. Balance on ha	nd (line 4 minus line 5)			\$2	8,779.0	06		
7. Value of in-kin	d contributions received (F	rom Form 31-	J-1)					
8. Value of in-kin	d contributions made (Fron	n Form 31-J-2)						
9. Outstanding lo	oans owed by committee (F	rom Form 31-0	C)					
10. Outstanding	debts owed by committee (	From Form 31	-N)					
11. Outstanding	loans owed to committee (F	From Form 31-	K)					
12. Value of inde	pendent expenditures mad	e (From Form	31-U)					
	T IS MADE UNDER PENAL MITS ELECTION FALSIFICA				HE FIF	тн (	DEGREE.	
Mill	2-1				01/06	5/202	2	
Signature of Treasurer o	r Deputy Treasurer			1	Date (	MM/D	D/YYYY)	
Contribution Pages	Expenditure Pages	Other	Pages	Total P	ages			
Contribution Fages	' '	ı	_		-			



#### Page 1

#### Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

				R.C. 3517.10(B)
Full Name of Committee		La de la composition de La		
Melissa Schiffel for Delaware County Prosecutor				
Full Name of Contributor			Registration Numb	er, if PAC
First Citizens National Bank				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
33 West William Street	Investment/Income			EFT
City	State	Zip Code		Amount
Delaware	ОН	43015		\$0.99
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor		Annual Section of the	Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor		Accessories e e exercises	Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor	e de la companya del companya de la companya del companya de la co		Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			

Page Total \$	0.99	

<sup>\*</sup> 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 1

#### **Statement of Expenditures**

Form 31-B

R.C. 3517.10

					,
Full Name of Committee					
Melissa Schiffel for Delaware County Prosecutor					
To Whom Paid	and the second		Date (MM/DD/YYYY)		Amount
Deluxe Corporation			09/08/20	)21	\$27.95
Street Address	Purpose				
3680 Victoria Street North	Checks				
City	State	Zip	Code	Che	eck Number
Shoreview	MN -	55	126	EF	Т
To Whom Paid		document	Date (MM/DD/YYYY)		Amount
Delaware County Republican Party			09/20/20	)21	\$500.00
Street Address	Purpose				
48 N Sandusky Street	Lincoln din	ner t	table sponsorship		
City	State	Zip	Code	Che	eck Number
Delaware	ОН	43	015	16	5956
To Whom Paid		diament and	Date (MM/DD/YYYY)		Amount
Delaware County Junior Fair Sale Committee			10/01/20	021	\$403.31
Street Address	Purpose				
149 North Sandusky Street	Donation				
City	State	Zip	Code	Che	eck Number
Delaware	ОН	43	015	16	5958
To Whom Paid			Date (MM/DD/YYYY)		Amount
Delaware County Republican Party			10/05/20	021	\$625.00
Street Address	Purpose				
48 N Sandusky Street	Lincoln din	ner	table sponsorship		
City	State	Zip	Code	Che	eck Number
Delaware	ОН	43	015	16	5959
To Whom Paid			Date (MM/DD/YYYY)		Amount
Melissa Schiffel			10/21/20	021	\$346.91
Street Address	Purpose				
Address On File	Back the B		campaign materials reir	nbu	rsement
City	State	Zip	Code	ı	eck Number
	ОН			10	02

Page Total \$_1	,903.17



#### **Ohio Campaign Finance Report**

BOARD OF ELECTIONS DELAWARE COUNTY, OHIO

Form 30-A

Last Updated 09/2017

ORC 3517.10

		2022 JUL 28	AM 2. 1.	100				
Committee Name				Office Sough		ting Attorney		District
Melissa Schiffel for De	laware County Prosecutor	REU	EINED	County Pro	secu	ung Attorney		
Street Address		City		Sta	ite	Zip		
2818 Cannon Circle		Lewis Cen	ter	Ol	1	43035		
Candidate Name OR PAC	Registration Number	Treasurer Name	,			Election Date	(MM/DD/	YYYY)
Melissa Schiffel		Mike Ringle						
Type of Report (cho	emiannual 🗌 Pre-Primai	y Post-P	rimary 🗌 P	re-General [	] F	Post-General	Yea	
Statewide Candidate		September Mon	thly				202	
July Monthly [		september won						
Amended Report	Termination			Report (R.C.				
☑ No ☐ Yes	Check this box if the wishes to terminate w		The second of th			ittee is filing a ched instruction	s.	
1. Amount broug	ht forward from last repo	rt		\$28,7	79.0	6		
2. Total monetary	contributions (From Form	ns 31-A and 31-	-E)	\$19,9	14.0	0		
3. Total other inc	ome (From Form 31-A-2)			\$1.	62			
4. Total funds av	ailable (sum of lines 1, 2, 3	)		\$48,6	94.6	8		
5. Total monetary	y expenditures (From Form	ns 31-B and 31-	-F)	\$2,75	6.30	)		
6. Balance on ha	nd (line 4 minus line 5)			\$45,9	38.3	8		
7. Value of in-kin	d contributions received	(From Form 31-	-J-1)	\$3,72	22.42	2		
8. Value of in-kin	d contributions made (Fro	om Form 31-J-2	)					
9. Outstanding lo	oans owed by committee (	From Form 31-	C)					
10. Outstanding	debts owed by committee	(From Form 31	1-N)					
11. Outstanding	loans owed to committee	(From Form 31	-K)					
12. Value of inde	pendent expenditures ma	de (From Form	31-U)					
THIS STATEMEN WHOEVER COM	IT IS MADE UNDER PENA MITS ELECTION FALSIFIC	LTY OF ELECT	TION FALSIFIC LTY OF A FEL	CATION. ONY OF THE	FIF	TH DEGREE.	3	
Mile	24			0	7/25/	/2022		
	or Deputy Treasurer	la de la companya de			-4- ()	MM/DD/YYYY)		

Printed from Delaware County Website

**Expenditure Pages** 

Contribution Pages



Page 1

#### Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee  Melissa Schiffel for Delaware Count	y Prosecutor				
Full Name of Contributor William Thomas			R	egistration Number	er, if PAC
Street Address 930 Retreat Lane	Employer Attorne		or Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH 🔻	Zip Code 43065	Date (MM/DD/	77YY) 07/11/2022	Amount \$500.00
Full Name of Contributor  Contributions from form No. 31-E			R	Registration Number	er, if PAC
Street Address	Employer	/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/	<b>YYYY)</b>	Amount \$19,414.00
Full Name of Contributor			R	Registration Numb	er, if PAC
Street Address	Employer	/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/	<b>YYYY</b> )	Amount
Full Name of Contributor			R	Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Lab	oor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/	<b>YYYY)</b>	Amount
Full Name of Contributor			F	Registration Numb	er, if PAC
Street Address	Employe	r/Occupation/Lat	por Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/	<b>YYYY)</b>	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 CK SP



Page 1

#### **Statement of Other Income**

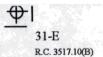
Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee  Melissa Schiffel for Delaware County	Prosecutor		
Full Name of Contributor First Citizens National Bank		Registration N	lumber, 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 N	lumber, 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 N	lumber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration N	lumber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration N	lumber, if PAC
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

Page Total \$ 1.62 CK SA

<sup>\*</sup> 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.



Event Date	
Page	1

## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full  Melissa Schiffel for Delaware Cour	aty Prosecuto	•					
Full Name of Contributor	ity 1103ccuto.		Registra	ation Nun	ber, if P	AC	
The Isaac Wiles Political Action Co	mmittee		CP-1	1058			
Street Address		oation/Labor Organization*	M	D	Y	Amount	
2 Miranova Place, Suite 700			0   5	1 1	2 2		250.00
City	State	Zip Code		ash,Chec			To the second
Columbus	OH	43215		Chec	k		
Full Name of Contributor				ation Nun		AC	
Lois Palau							
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
2 West Winter Street, Suite 207		aw Offices	0   5	1 1	2 2		250.00
City	State	Zip Code		ash,Chec	CORNEL CONTRACTOR		
Delaware	OH	43015		Chec	k		
Full Name of Contributor	10111	10010	Street, Street, St. St. St.	ation Nun	AND DESCRIPTION OF THE PERSON	AC	
Michael Shade							
Street Address	Employer/Occur	pation/Labor Organization*	M	D	Y	Amount	
236 West Central Avenue		& Shade LLC		1   1	2 2		250.00
City	State	Zip Code		ash, Chec			200.00
Delaware	ОН	43015	14	Chec			
Full Name of Contributor	10 11	43013		ation Nun		AC	
			Trog.ou				
Kris Burkett  Greet Address	Employer/Occur	pation/Labor Organization*	М	I D	Y	Amount	
			0 5		2 2		250.00
1799 River Road	State	& Sanderson Zip Code		Cash, Chec	A COUNTY OF THE PARTY OF		250.00
City			romic		100		
Granville	OH	43023	Danista	Chec		AC	the second of the second
full Name of Contributor			Registr	ation Nun	noer, ii P	AC	
Mary Carducci	<b>1</b> 2 1 10		11	LB	T v	[A	
Street Address		pation/Labor Organization*	M	D	Y	Amount	250.00
1335 Dublin Road, Suite 212-A		& Carducci Co., LP.			2 2		250.00
City	State	Zip Code	Form(C	Cash, Chec			
Columbus	OH	43215		Chec	-		
Full Name of Contributor			Registr	ation Nur	nber, if F	PAC	
Nancy Midura				èc .		Nation 1	
Street Address		pation/Labor Organization*	M	D	Y	Amount	
173 Persimmon Court	Retired		0 5		2 2		75.00
City	State	Zip Code	Form(C	Cash, Chec		4	
Delaware	OH	43015		Chec	k		
full Name of Contributor			Registr	ation Nur	nber, if I	PAC	
Stephen Martin						Line	
Street Address	Employer/Occu	pation/Labor Organization*	M.	D	Y	Amount	
50 North Sandusky Street	Manos	Martin & Pergram	0 5	1 1	2 2	2	250.00
City	State	Zip Code		Cash, Chec	k,etc)	4	
Delaware	ОН	43015		Chec	k		

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

Total expenditures this event Printed from Delaware County Website





<sup>\*</sup> 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 nembers, if any, must appear. [R.C. 3517.10(B)(4)]

## R.C. 3517.10(B)

#### Not an Original Document

2	
	2

## Statement of Contributions Received at a Social or Fundraising Event

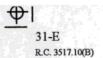
Name of Committee in Full  Melissa Schiffel for Delaware Cou	inty Prosecuto	or								
Full Name of Contributor	arey Trosecute			Registration Number, if PAC						
Denise King										
Street Address	Employer/Occu	upation/Labor (	Organization*	M	D	Y	Amount			
170 South Riverview Street	Retired	l	<b>L</b> , , , , ,	0 5		2 2	2	250.00		
City	State	Zip Code		Form(Cash,Check,etc)						
Dublin	OH	[ Z	13017	Check Registration Number, if PAC						
Full Name of Contributor				Registra	ition Nun	iber, if	PAC			
Sarah Huffman	n kan a sakara	-14 (A. 15.2)	M 44		<u> </u>	1 37	ter at the second			
Street Address		upation/Labor (		м 0   5	D	la'	Amount	250.00		
6824 Scioto Chase Boulevard					1 1 ash, Chec	2 2	4	250.00		
City	State		12065							
Powell	OH	4	13065	Check Registration Number, if PAC						
Full Name of Contributor				rogiona	OII I TUUI	, , ,				
Linda Lawrence Street Address	Employer/Occ	upation/Labor (	Organization*	M	D	Y	Amount			
24 West William Street		nce Law		0 5	1 1	2	2	150.00		
City	State	Zip Code	Office	_	ash,Chec			100.00		
Delaware	O   H   43015				Chec					
Full Name of Contributor			10010		ation Nur		PAC			
Susan Garrett										
Street Address	Employer/Occ	upation/Labor (	Organization*	M	D	Y	Amount			
27 Coventry Road	Mail P	ro 1		0   5	1 1	2	2	100.00		
City	State	Zip Code		Form(C	ash,Chec	k,etc)	, nd			
Delaware	OH	I	43015		Chec					
Full Name of Contributor				Registra	ation Nur	nber, if	PAC			
Lee Bodnar										
Street Address	Employer/Occ	cupation/Labor	Organization*	M	D	Y	Amount			
842 Mystic Pointe Drive	Delaw		nty Engineer			2	2	50.00		
City	State	Zip Code	***	100	ash,Chec	20.00				
Lewis Center	OH	I	43035	the second second	Chec					
Full Name of Contributor				Registra	ation Nur	nber, if	PAC			
Donald Rankey					I D	1 v	TA			
Street Address		cupation/Labor		M	D	Y	Amount	250.00		
2560 Woodland Glen Drive			nty Treasure			-	2	250.00		
City	State Zip Code			Form(Cash,Check,etc)						
Powell	O H 43065			Check Registration Number, if PAC						
Full Name of Contributor				Registr	BUOII INUI					
Roger Gilcrest Street Address	Employer/Occ	cupation/Labor	Organization*	M	D	ΙΥ	Amount			
250 West Street, Suite 700	Attorn				3 1		2	650.00		
City	State	Zip Code			Cash, Che			000.00		
Columbus	OF		43215	10.0	Chec		W			

nembers, 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 Printed from Delaware County Website



Event Date	
-	
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

Melissa Schiffel for Delaware Co	ounty Prosecutor			4.1		The AL	
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
David Thomas							ye a la
Street Address	Employer/Occupation	n/Labor Organization*	M	D	Y	Amount	
3339 Mansion Way	Taft, Stetti	nius, & Hollister		3 1	2 2		250.00
City	State Zip	p Code	Form(Ca	ash,Check	c,etc)		
Columbus	OH	43221		Chec!			
'ull Name of Contributor			Registra	tion Num	ber, if P	AC	
Daniel Swartwout				4.1		4	
Street Address		n/Labor Organization*	М	D	Y	Amount	
8818 Westward Way	City of Por	well	0 5		2 2		100.00
City	State Zip	p Code	,	ash,Check			
Powell	OH	43065		Checl	THE RESERVE OF THE PERSON NAMED IN		
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Sara Walsh					P		
Street Address	Employer/Occupation	n/Labor Organization*	M	D	Y	Amount	
5618 Alston Grove Drive	Realtor		0 5	3 1	2 2	1 Language	250.00
City	State Zip	p Code	Form(C	ash,Checl	k,etc)		
Westerville	OH	43082	Contract of the Contract of th	Chec:			
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Scott Cubberly			1				
Street Address	Employer/Occupation	n/Labor Organization*	M	D	Y	Amount	
6800 Harriott Road	Equity			3 1	2 2		100.00
City	State Zij	p Code		ash,Checl			
Powell	OH	43065		Chec!	k		
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Carol O'Brien							
Street Address	Employer/Occupation	n/Labor Organization*	M	D	Y	Amount	
196 West Lincoln Avenue	Ohio Atto	rney General's C	0 5	3 1	2 2		250.00
City	State Zi	p Code		ash,Chec			
Delaware	OH	43015		Chec	k	-24	
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Jack Etheridge				1			
Street Address	Employer/Occupation	n/Labor Organization*	M	D	Y	Amount	
924 Bayridge Drive	Organic To	echnologies	0 5	3 1	2 2		75.00
City	State Zip	p Code	Form(C	ash,Checl	k,etc)		
Lewis Center	OH	43035		Chec	k		
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Chris Connelly	The state of the			S. Lat.			
Street Address		n/Labor Organization*	М	D	Y	Amount	
404 Village Ridge Court	Taft Stettin	nius & Hollister	0 5	3 1	2 2	100 M 100 M 100 M	100.00
City	State Zi	p Code	Form(C	ash,Chec	k,etc)		
Powell	OH	43065		Chec	k	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 Printed from Delaware County Website



<sup>\*</sup> 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 nembers, if any, must appear. [R.C. 3517.10(B)(4)]



		IΨ
Event Date		
Page	4	

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Arctary of State 02/01							
Melissa Schiffel for Delaware County	Prosecuto	or							
Full Name of Contributor			Registra	Registration Number, if PAC					
Shawn Parker				7.4	No.	2.6			
Street Address		pation/Labor Organization*	M	D	Y	Amount			
90 Northwoods Boulevard, Suite B1	Parker	Realty Associates L		3 1	2 2	2	75.00		
City	State	Zip Code		ash,Chec		10			
Columbus	OH	43235	Check Registration Number, if PAC						
Full Name of Contributor			Registra	ation Nur	nber, if l	PAC			
Rex Gore									
Street Address		upation/Labor Organization*	M	D	Y	Amount			
2345 Klondike Road	Black Wing Shooting Center			3 1		2	500.00		
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Delaware	O H 43015			Check					
Full Name of Contributor			Registra	ation Nur	nber, if	PAC			
Joe Pemberton									
Street Address	Employer/Occi	upation/Labor Organization*	M	D	Y	Amount			
2626 Lewis Center Road	Suburk	oan Natural Gas Co	105	3 1	2 2	2	75.00		
City	State	Zip Code		ash, Chec	k,etc)				
Lewis Center	OH	43035		Chec	k				
Full Name of Contributor			Registr	ation Nur	nber, if	PAC			
Ronald Sabatino									
Street Address	Employer/Occi	upation/Labor Organization*	M	D	Y	Amount			
3895 Stoneridge Lane	T&R P	roperties, Inc.	0   5	3 1	2/2	2	250.00		
City City	State	Zip Code		Form(Cash, Check, etc)					
Dublin	ОН	43017		Chec	k				
Full Name of Contributor			Registr	ation Nur		PAC			
David Pemberton									
Street Address	Employer/Occ	upation/Labor Organization*	M	D	Y	Amount			
2626 Lewis Center Road		oan Natural Gas Co	n 0   5	3 1	2	2	1,000.00		
City	State	Zip Code	Form(Cash,Check,etc)						
Lewis Center	OIH		1	Chec	k				
Full Name of Contributor		10000	Registr	ation Nu		PAC			
leff Benton									
Street Address	Employer/Occ	upation/Labor Organization*	M	T D	Y	Amount			
		are County Commi	14.6				100.00		
6791 Fall Brook Trail	State	Zip Code		Cash, Che		4	100.00		
City			1 oranje	Chec					
Delaware	OH	43013	Danietr	ration Nu		PAC	The state of the state of		
Full Name of Contributor			Rogisti	unon 14u					
Maribeth Meluch	Employee/Ora	upation/Labor Organization*	M	D	ΙΥ	Amount			
Street Address		선택하면 이 그렇게 하는 것이 없는데 없는데 없다.		3 1		2	100.00		
8908 Kilbourne Road		nan Jackson & Kran		Cash,Che		4	100.00		
City	State	Zip Code	rorm(C						
Sunbury	OH	43074		Chec	CK	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.

Printed from Delaware County Website

Page Total \$ 2,100.00



<sup>\*</sup> 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)]



a la facilità de la compansione della compansion	
Event Date	
Page	5

## Statement of Contributions Received at a Social or Fundraising Event

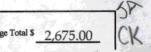
	Prescribed by Secreta	ry of State 02/01		44		- 14x - 52 - 4	186	
Name of Committee in Full	5 NO.							
Melissa Schiffel for Delaware County	y Prosecutor					1.22		
Full Name of Contributor			Registra	tion Num	ber, if P	AC		
Joel Campbell						1		
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount		
575 S. 3rd Street	Strip, Hop	pers, Leithart, M	0 4	2 5	2 2		250.00	
City	State Zi	ip Code	Form(Ca	ash,Checl	k,etc)			
Columbus	OH	43215	1	Chec	k :			
Full Name of Contributor			Registra	tion Nun	ber, if P	AC		
Gary Vest		16/5		L Y		T		
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount		
6433 Steitz Road	Retired (		0 4	2 5	2 2	B		
City	State Z	ip Code	Form(Ca	ash,Checl	k,etc)	4		
Powell	OH	43065	1	Chec	k			
Full Name of Contributor	AND THE REST		Registra	tion Nun	ber, if P	AC		
Lori Weaver								
Street Address 203 Broadway E.	Employer/Occupation	on/Labor Organization*	М	D	Y	Amount		
P.O. Box 56 # 337	Commun	ications Consulta	0 4	2 5	2 2	-16	1,000.00	
City		ip Code		ash,Chec	k,etc)			
Granville	OH	43023	- 3	Chec	k			
Full Name of Contributor				Registration Number, if PAC				
Michael Ringle								
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount		
2818 Cannon Circle	Delaware	County Auditor	0 4	2 5	2 2		250.00	
City		ip Code	Form(C	ash,Chec	k,etc)			
Lewis Center	OH	43035		Check				
Full Name of Contributor			Registra	tion Nun	ber, if P	AC		
Friends of Kent Shafer								
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	1	
3982 Powell Road			0 4	2 5	2 2		100.00	
City	State Z	ip Code		ash,Chec	k,etc)			
Powell	OH	43065	1	Chec	k			
Full Name of Contributor			Registra	tion Nun	ber, if P	AC		
Carrie Hickman			1					
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	74 SE 1024	
146 Euclid Avenue	Homemal	ker	0 4	2   5	2 2	10.534	500.00	
City		ip Code	-	ash,Chec	1000			
Delaware	OH	43015		Chec	k			
Full Name of Contributor		10010	Registration Number, if PAC					
Jonathan Tyack								
Street Address	Employer/Occupation	on/Labor Organization*	M	D	Y	Amount	100	
536 South High Street		k Law Firm Co., I		Dec 100 A			500.00	
City		ip Code		ash,Chec		The same half	0.00.00	
Columbus	OH	43215		Chec				
Columbus	0 11	10210		CITC	•			

Fill in the boxes below only on the last page for this event.

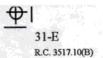
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Printed from Delaware County Website



<sup>\*</sup> 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 nembers, if any, must appear. [R.C. 3517.10(B)(4)]



Event Date	100
Page	6

## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Secre	tary of State 02/01		in i			
Melissa Schiffel for Delaware Cou	inty Prosecutor						
Full Name of Contributor	atty Prosecutor		Registra	tion Nun	ber, if P	AC	
Thomas Price							
Street Address	Employer/Occupat	ion/Labor Organization*	M	D	Y	Amount	
4839 Warrensburg Road	Price Far	ms Organics, Ltd.	0 4	2   5	2 2		100.00
City		Zip Code		ash,Chec	k,etc)	4	
Delaware	OH	43015	1	Chec	k		
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Joel Rhoades							
Street Address	Employer/Occupat	ion/Labor Organization*	М	D	Y	Amount	
5975 South Section Line Road	Epcon Co	ommunities	0 4	2 5	2 2		250.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)	Á	
Delaware	OH	43015		Chec			
Full Name of Contributor			Registration Number, if PAC				
Patrick Blayney							
Street Address	Employer/Occupat	ion/Labor Organization*	M	D	Y	Amount	<b>高</b>
7365 Monica Court	Retired		0 4	2 5	2 2		75.00
City	State	Zip Code	Form(Cash,Check,etc)				
Westerville	OH	43082	- 1047	Chec	k		
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
Gary Skinner				1.15			4.14
Street Address	Employer/Occupat	tion/Labor Organization*	M	D	Y	Amount	
2514 Skinner Road	Hardscra	ibble Farms Inc.	0 4	2 5	2 2		100.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Delaware	OH	43015		Chec	k		
Full Name of Contributor			Registra	ation Nun	ber, if P	AC	
James Lewis				1			
Street Address	Employer/Occupat	tion/Labor Organization*	M	D	Y	Amount	
9230 White Oak Lane	Attorney		0 4	2 5	2 2	4.6.8	1,000.00
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Westerville	OH	43082		Chec	100		
Full Name of Contributor			Registra	ation Nun	nber, if P	PAC	
George Kaitsa			14				
Street Address	Employer/Occupat	tion/Labor Organization*	M	D	Y	Amount	
120 Olentangy Ridge Place	Delaware	e County Auditor	0 4	2 5	2 2		500.00
City		Zip Code	1 10	ash,Chec			
Powell	OH	43065	Check				
Full Name of Contributor			Registr	ation Nun	nber, if P	PAC	
Merrell for Delaware County			14.				
Street Address	Employer/Occupat	tion/Labor Organization*	M	D	Y	Amount	
3481 Royal Dornoch Circle			0 5				75.00
City	The second secon	Zip Code		ash, Chec	1.00		
Delaware	OH	43015		Chec	k		

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 expenditures this event Total contributions this event Printed from Delaware County Website



<sup>\*</sup> 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)]

#### **OH Delaware Schiffel, Melissa EY 2024**

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

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