



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Jenkins for Reynoldsburg				
Full Name of Contributor Toni Munyan			Registration Number, if PAC	
Street Address 2757 Proclamation Way		Employer/Occupation/Labor Organization* Mount Carmel Health		Date (MM/DD/YYYY) 04/04/2019
City Columbus		State OH	Zip Code 43207	Amount \$65.00
Form (Cash, Check, Etc) cash				
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)		Amount
City		State	Zip Code	Form (Cash, Check, Etc)
		OH		
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)		Amount
City		State	Zip Code	Form (Cash, Check, Etc)
		OH		
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)		Amount
City		State	Zip Code	Form (Cash, Check, Etc)
		OH		
Full Name of Contributor				
Street Address			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)		Amount
City		State	Zip Code	Form (Cash, Check, Etc)
		OH		

* 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 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
\$705.00

Total Expenditures This Event
\$90.00

Page Total \$ 65.00