



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

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

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor Kristin J. Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 250.00
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Bryan Bowen			Registration Number, if PAC	
Street Address 3069 Woodbine Place	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 50.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43202	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Hroncich			Registration Number, if PAC	
Street Address 775 Gulf Stream Ct.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 50.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jeffrey T. Stavroff & Co., LLC			Registration Number, if PAC	
Street Address 492 S. High St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Don Olsen			Registration Number, if PAC	
Street Address 3128 Scioto Trail	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43221	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 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

Total Expenditures This Event

Page Total \$ 550.00