



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

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

Full Name of Committee Friends For Perry				
Full Name of Contributor Dave Pelletier			Registration Number, if PAC	
Street Address 4660 crystal Ball Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/12/2019	Amount \$20.00
City Hilliard	State Ohio	Zip Code 43026	Form (Cash, Check, Etc) Electronic	
Full Name of Contributor Sean McLann			Registration Number, if PAC	
Street Address 37 E. Russel St. Apt. A	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 07/12/2019	Amount \$25.00
City Columbus	State Ohio	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc)	

* 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

\$45.00

Total Expenditures This Event

Page Total \$45.00