

Event Date 06/30/18 Page

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

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

Full Name of Committee			
Schottke for GC			
Full Name of Contributor		Registration Number, if PAC	
Timothy Keck Street Address			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1852 Tournment Wa		06/30/2018	100.00
City	State Zip Code	Form (Cash, Check, Etc	
GROVE City	OH 43/23	Check	7.6
		Registration Number, if PAC	
Susan Corbin			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
4460 Hooven Rd.		06/30/2018	100.00
City	State Zip Code	Form (Cash, Check, Etc	
GROVE City	OH 43/23	Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Zili here		06/30/2018	20.00
City	State Zip Code	Form (Cash, Check, Etc	
4902 Mc Nulty	St. OH 1 43/23	check	
Full Name of Contributor		Registration Number, if PAC	
Full Name of Contributor Steven Schotterste	•	Registration Number, if PAC	
Steven Schotterste	•		Amount
Full Name of Contributor	・ Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/30/2019	Amount (00,00
Steven Schotterste Street Address Devel Ave Steven Schotterste Street Address City	Employer/Occupation/Labor Organization* State Zip Code	Date (MM/DD/YYYY) O6/30/20/8 Form (Cash, Check, Etc	
Steven Schotterste Street Address The Drevel Ave	・ Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 06/30/2019	
Steven Schotterste Street Address Devel Ave Steven Schotterste City	Employer/Occupation/Labor Organization* State Zip Code	Date (MM/DD/YYYY) O6/30/20/8 Form (Cash, Check, Etc	
Steven Schotterste Street Address Steven Schotterste Steven Schotterste Steven Schotterste Steven Schotterste City Bexley	Employer/Occupation/Labor Organization* State Zip Code	Date (MM/DD/YYYY) O6/30/2018 Form (Cash, Check, Etc. Check	
Steven Schotterste Street Address Street Address Street Address City Bexley Full Name of Contributor Pebecca Mott Street Address	Employer/Occupation/Labor Organization* State Zip Code	Date (MM/DD/YYYY) O6/30/2019 Form (Cash, Check, Etc. Check Registration Number, if PAC	/OO,ÓO
Steven Schotterste Street Address Street Address Street Address City Bexley Full Name of Contributor Pebecca Mott Street Address	Employer/Occupation/Labor Organization* State Zip Code OH 43 209 Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) O6/30/2018 Form (Cash, Check, Etc Check Registration Number, if PAC Date (MM/DD/YYYY) O6/30/2018	100,00
Steven Schotterste Street Address St	Employer/Occupation/Labor Organization* State Zip Code OH	Date (MM/DD/YYYY) COCOO PORTON Form (Cash, Check, Etc. Check Registration Number, if PAC.	/oo.óo

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 2385.00

Total Expenditures This Event 232,86

Page Total \$ 420.00

^{*} 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)]