

Statement o	of Co	ntrib	ution	s Rec	eived
at a Soc	ial o	r Fun	nd-Ra	isina	Event

Form 31-E

Event	D. +.	d	~ ·		,	_	
EVENT	Date	V -	2	י מו	-)	1	i

R.C. 3517 10(B)

			1 -0 ,	I			
Full Name of Committee							
Committee	tool	00	+ George	Registration Number, if PAC	Judas		
Full Name of Contributor			3	Registration Number, if PAC			
Marcus Van Wey L	L.C.						
Marcus Van Wey L Street Address Stew 227	Employer/Oc	cupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount		
1550 01d Henderson Rd.				FIOSIDISIPO	\$75.00		
City	Stat	te	Zip Code	Form (Cash, Check, Etc			
Columbus	ОН		43220	check			
Full Name of Contributor THIS BUSINESS				Registration Number, if PAC			
Steven Mathless, Al	tu. a	\mathcal{F}	Law				
Street Address	Employer/Od	cupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount		
4925, Highst., Ste 200				F105/US/40	\$ 50.00		
City	Star	te	Zip Code	Form (Cash, Check, Etc			
Columbus	ОН		43215	check			
Full Name of Contributor				Registration Number, if PAC			
Datoras Bartlett					į		
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY) Amount				
811 S. Broadleigh Rd.				F105/25/40	\$100.00		
City	Sta	te	Zip Code	Form (Cash, Check, Etc			
Columbus	ОН		43209	check			
Columbus OH 43209 Full Name of Contributor THIS BURNESS				Registration Number, if PAC			
Constance Gadell-	J.						
Street Address	Employer/Od	cupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount		
lozi E. Broad St.				F105 JUS/40	\$50.00		
City	Sta		Zip Code	Form (Cash, Check, Etc			
Columbus	ОН		43205	Check			
Full Name of Contributor				Registration Number, if PAC			
Mark Collins L.F	. A.						
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount			
4925. High St. 3rd				F105 W5/10	\$100.00		
City	Sta	te	Zip Code	Form (Cash, Check, Etc			
Columbus	ОН		43215	check			
* Required for contributions from individuals over \$100	to statewide a	nd Ge	eneral Assembly candida	ites. If contributor is self-employe	ed, the occupation and the		

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 No. 31-E" and list the date of the event in the date column

Total	Contributions This Event
	TO THE PERSON

	Expenditures		
4	ST CO	OK.	S

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)]