



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

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

Full Name of Committee FortKamp For OA				
Full Name of Contributor Edward Cathleen Melia Wolf			Registration Number, if PAC	
Street Address 1980 Hillside Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$ 500.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) check	
Full Name of Contributor Anthony Elizabeth Brochita			Registration Number, if PAC	
Street Address 2217 Arlington Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$ 50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) check	
Full Name of Contributor Susan Boyle			Registration Number, if PAC	
Street Address 3506 La Rochelle Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$ 100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) check	
Full Name of Contributor Thomas Young			Registration Number, if PAC	
Street Address 3506 La Rochelle Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$ 100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	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 <input type="checkbox"/>	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
\$1,800.00

Total Expenditures This Event
\$472.21

Page Total \$ \$750.00