

Event Date 09/12/2019 Page 5

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

Form 31-E

R.C. 3517.10(B)

Full Name of Committee			
	1- (< /	Ackman	
	ls of Sarah		
Full Name of Contributor		Registration Number, if PAC	
Erin Reed			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
814 Francis Ave.		09/12/2019 Form (Cash, Check, Etc	# 50.00
City	State Zip Code	Form (Cash, Check, Etc	100 (DATE: 100)
Bexley	OH - 43209	Check	
Full Name of Contributor		Registration Number, if PAC	
Matt Donahus	ಲ		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
614 Norfolk Sq. N		09/12/2019	\$50.00
Oily	State Zip Code	Form (Cash, Check, Etc	
Pickerington Full Name of Contributor	DH - 43147	Check	
	-	Registration Number, if PAC	
John Danish			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
310 Crassing Creek N.		09/12/2019	\$100.00
City	State Zip Code	Form (Cash, Check, Etc	Mar William
Gahanna	он <u>-</u>	Check	The second of the second
E di Nama of Cantain des		Registration Number, if PAC	
Lindsay Hodge			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address Street Address Stood Walton Pkwy		09/12/2019	#50.00
City	State Zip Code	TOTH (GESH, GRECK, Etc	
New Albany	OH - 43054	Check	
Full Name of Contributor		Registration Number, if PAC	
Matt Lampke			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
132 5. Stanwood Ro		09/12/2019	\$50,00
City	State Zip Code	Form (Cash, Check, Etc	
Bexley	OH 1 43209	Check	A Marille with
* Required for contributions from individuals over \$100	to statewide and General Assembly candida	tes. 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 form No. 31-E" and list the date of the event in the date column

ĺ	Total Contributions	This	Event

Total	Expenditures	This	Event

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)]