

## **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 UA				
Full Name of Contributor		Registration Number, if PAC	Registration Number, if PAC	
	- 0			
Keith and Anne De V Street Address	Employer/Occupation/Labor Organiz	ration* Date (MM/DD/YYYY)	Amount	
			# 50 00	
2200 Cambridge Blvd	State Zip Code	58   56   2019 Form (Cash, Check, Etc	\$50.00	
City		Porm (Cash, Check, Etc		
COlumbus	OH 43221	Cand		
Full Name of Contributor ·		Registration Number, if PAC	Registration Number, if PAC	
Ed Morris				
Street Address	Employer/Occupation/Labor Organiz	zation* Date (MM/DD/YYYY)	Amount	
2041 Westover Rd		0810612019	\$100.00	
City	State Zip Code	Form (Cash, Check, Etc	Annual description of the state that the state of the sta	
C 01 um b u 5	OH Y 43221	Card		
Full Name of Contributor		Registration Number, if PAC	·- <mark>-</mark>	
Stephen + Luahn Oliv Street Address	Employer/Occupation/Labor Organiz	zation* Data (MM/DD/VVV)	Amount	
	Employer/Occupation/Labor Organiz			
4472 Willowbrook Rd		0810612019	\$100,00	
City	State Zip Code	Form (Cash, Check, Etc	ing specifical and the specifical specifical and the specifical sp	
Columbus	OH 43220	Chcck	Granden de Langue y de Langue	
Full Name of Contributor		Registration Number, if PAC	Registration Number, if PAC	
Linda Telles				
Street Address	Employer/Occupation/Labor Organiz	zation* Date (MM/DD/YYYY)	Amount	
2062 Keniwell Rd		0810512019	\$150.00	
City	State Zip Code	Form (Cash, Check, Etc		
C 0 1 U m b U 5	OH 4321	check		
Full Name of Contributor		Registration Number, if PAC	and the second of the second o	
	. 1			
Enaig + Molly Hagku		ization* Data (AMA/DDAAAA)	Amount	
Street Address	Employer/Occupation/Labor Organia	, , , , , , , , , , , , , , , , , , , ,		
1735 Doone Rd		0810612019	#100,00	
City	State Zip Code	Form (Cash, Check, Etc		
Columbus	OH <u> 4321</u>	Check		
	to statewide and General Assembly	candidates. If contributor is self-emplo	wed 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

Total Contributions This Event

Total Expenditures This Event

Page Total \$ \$500.00

Required for contributions from individuals over \$100 to statewide and General Assembly 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)]