



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 Keith and Anne DeVoe			Registration Number, if PAC	
Street Address 2200 Cambridge Blvd	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) Card	
Full Name of Contributor Ed Morris			Registration Number, if PAC	
Street Address 2041 Westover Rd	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) Card	
Full Name of Contributor Stephen Luann Oliver			Registration Number, if PAC	
Street Address 4472 Willowbrook Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Linda Telles			Registration Number, if PAC	
Street Address 2062 Kentwell Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/05/2019	Amount \$150.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Erin Molly Hagkull			Registration Number, if PAC	
Street Address 1735 Doone Rd	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	

* 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

Total Expenditures This Event

Page Total \$ \$500.00