



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

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

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|--|--|--|------------------------------------|--|
| Full Name of Committee Randy Holt for Grove City Council | | | | |
| Full Name of Contributor Sharon Reichard | | | Registration Number, if PAC | |
| Street Address 2427 Marthas Wood | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$50.00 |
| Form (Cash, Check, Etc) Cash | | | | |
| Full Name of Contributor Richard Stevers | | | Registration Number, if PAC | |
| Street Address 2548 Swan Dr. | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$150.00 |
| Form (Cash, Check, Etc) Check 20181 2051 | | | | |
| Full Name of Contributor Greg Clark | | | Registration Number, if PAC | |
| Street Address 4558 Hirth Hill Dr. East | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$100.00 |
| Form (Cash, Check, Etc) Check 1360 | | | | |
| Full Name of Contributor Mark Davidson | | | Registration Number, if PAC | |
| Street Address 2434 Marthas Wood | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$100.00 |
| Form (Cash, Check, Etc) Cash | | | | |
| Full Name of Contributor Tim Johnston | | | Registration Number, if PAC | |
| Street Address 2715 Woods Crescent Dr. | | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 |
| City Grove City | | State OH | Zip Code 43123 | Amount \$200.00 |
| Form (Cash, Check, Etc) Cash | | | | |

* 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
\$1,369.69

Total Expenditures This Event
0

Page Total \$ 600.00