

Event Date <u>07-09-19</u> Page <u>4</u> Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee				
Re- Elect Mike Ebert				
Full Name of Contributor			Registration Number, if PAC	
Dale Voiner Street Address 3655 Windestu- 5. City Canal Windestu-				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
3655 Windester 5.			07-09-19	80
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windleston	04	43110	Cash	
Full Name of Contributor			Registration Number, if PAC	
Elise Bottarini				-
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
36 Jennings Dr. City Canal Windester			07-09-19 Form (Cash, Check, Etc	50
City	State	Zip Code	1 / /	
Canal Windester	OH	43110	(ash	
Full Name of Contributor			Registration Number, if PAC	<u></u>
- Fred Ricart				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
185 Groveport Rd City Canal Windeste			07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windeste	04	43110	cash	
Full Name of Contributor			Registration Number, if PAC	
Mike Walker Street Address 184 Kramer St Street Address 184 Kramer St				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
184 Kramer St			07-09-19	300
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windlester	OH	43110	Cash	
Full Name of Contributor			Registration Number, if PAC	
Roser White				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
346 Kramer St. Canal Windlesti	<u> </u>		07-09-19	30
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windlester	OH	43110	Cash	
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, 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 No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$

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)]