Statement of Contributions Received Page 2 at a Social or Fund-Raising Event

Page Total \$

Name of Committee in Full			
esbel			
		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		0 B 0 9, 7 Amount 100.00	
State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Registration Number, if PAC Ronald Robins			
Employer/Occupa	tion/Labor Organization*	MB0917 150.00	
Sta te OH	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name of Contributor Roger Friedman		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		08 09 17 150.00	
Sta te OH	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name of Contributor Sennifer Ciccarelli			
Employer/Occupation/Labor Organization*		M 8 09 17 Amount 100.00	
State OH	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name of Contributor Caryn Shapiro Street Address M. D. V. Amount			
Employer/Occupation/Labor Organization*		080917 Amount 100.00	
State OH	Zip Code 43209	Form (Cash, Check, etc.)	
Full Name of Contributor Registration Number, if PAC			
Employer/Occupation/Labor Organization*		0 8 0 9 1 7 Amount 100,00	
Sta te OH	Zip Code 43209	Form (Cash, Check, etc.)	
		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		080917 Amount 150.00	
Sta te	Zip Code 4320 9	Form (Cash, Check, etc.)	
	Employer/Occupa Sta te OH Employer/Occupa	Employer/Occupation/Labor Organization* Sta te	

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

otal contributions this event	Total expenditures this event.		
\$0.00	\$0.00		

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)]