



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

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

| | | | | |
|---|--|--------------------------|---|---------------------------|
| Full Name of Committee Jenkins for Reynoldsburg | | | | |
| Full Name of Contributor Mary Jo Kilroy | | | Registration Number, if PAC | |
| Street Address 3100 Midgard Rd. | Employer/Occupation/Labor Organization* unknown | | Date (MM/DD/YYYY) 08/18/2019 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43202 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Lark Mallory | | | Registration Number, if PAC | |
| Street Address 8108 Slate Ridge Blvd. | Employer/Occupation/Labor Organization* attorney | | Date (MM/DD/YYYY) 08/18/2019 | Amount \$100.00 |
| City Reynoldsburg | State OH | Zip Code 43068 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |

* 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
\$150.00

Total Expenditures This Event
\$0.00

Page Total \$ 150.00