



Event Date 08-19-19

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

Form 31, R.C. 3517.10(I

Full Name of Committee					
Friends of Sandi Alle	21				
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	er/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
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City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
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Street Address	Employe	loyer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
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Street Address	Employer		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
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Full Name of Contributor				Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·
eet Address Employer/Occupation/Labor Organization			Date (MM/DD/YYYY)	Amount	
City		State	Zip Code	Form (Cash, Check, Etc	
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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 \$ 525.00

^{*} 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)]