

Event Date <u>Del/13/2019</u> Page <u>3</u> Statement of Contributions Received at a Social or Fund-Raising Event

					R.C. 3517.10(B
Full Name of Committee	ر م	i			
Aultman to	Sch	ouls			
Full Name of Contributor				Registration Number, if PAC	
Full Name of Contributor Tammy R. Bennett					
Teel Address Employer/Occupation/Labor Organization			nization*	Date (MM/DD/YYYY)	Amount
1602 Eagle Trace Dr.				06/13/2019	\$100.00
City	State	Zip Code		Form (Cash, Check, Etc	
Westerville	DŁ	1 43082	_	Check	
Full Name of Contributor Namy M. Farland Street Address Employer/Occupation/Labor Organization*				Registration Number, if PAC	
	Employer/Occ	cupation/Labor Organ	nization*	Date (MM/DD/YYYY)	Amount
59 College Place City Westerville				do/13/2019	\$ 1,000,00
City	State	Zip Code		Form (Cash, Check, Etc	
Westerville	OH	43081		Chebk	
Full Name of Contributor	<u> </u>			Registration Number, if PAC	
Street Address Employer/Occupation/Labor Organization			ization*	Date (MM/DD/YYYY)	Amount
				,	
City	State	Zip Code		Form (Cash, Check, Etc	
*	Ciaic	Zip Gode		rom (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address Employer/Occupation/Labor Organization			ization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code		Form (Cash, Check, Etc	
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Trull Name of Countrille to					
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occu	ıpation/Labor Organiz	zation*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	- ,	Form (Cash, Check, Etc	
				•	
Described for contributions () 1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Required for contributions from individuals over \$100 to	o statewide and	General Assembly c	candidate	es it contributor is self-employe	ed the accupation 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 Expenditures This Event D. DD

\$1.100.00