

| Charat Date | 00/00/0040 | _ | Page 4 |
|-------------|------------|---|--------|
| Event Date | 09/28/2019 | | Page |

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

Form 31-E

C 3517 10(B)

| | | | | | R.C. 3517.10(B) |
|--------------------------------------|---|-----------------------------|-----------------------------|-----------------------------|--|
| Full Name of Committee | | | | | |
| Franklin County Grassroots Democrats | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Contributors of \$25 or Less | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| | | | | 09/28/2019 | 136.00 |
| City | ; | State | Zip Code | Form (Cash, Check, Etc | |
| · | | | | | 1100 |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Audrej Rutter | | | | | |
| Street Address | Employer | r/Occupat | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 2675 N Star Rd | Retired | | | 09/28/2019 | 100.00 |
| City | • | State | Zip Code | Form (Cash, Check, Etc | |
| Upper Arlington | | ОН | 43221 | Check | The state of the s |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| Will Osterholz | | | | | |
| Street Address | Employer | r/Occupat | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 9 1/2 E Como Ave | US Dep | US Dept of Agriculture | | 09/28/2019 | 40.00 |
| City | <u> </u> | State | Zip Code | Form (Cash, Check, Etc | |
| Columbus | Ì | ОН | 43202 | Cash | 40 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| David Chapin | | | | | |
| Street Address | Employer | r/Occupat | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 3751 Lima Dr | Netcare | | | 09/28/2019 | 100.00 |
| City | : | State | Zip Code | Form (Cash, Check, Etc | |
| Westerville | | ОН | 43081 | Cash | |
| Full Name of Contributor | | Registration Number, if PAC | | | |
| | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | tion/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| | | | | | |
| City | | State | Zip Code | Form (Cash, Check, Etc | annual of the second of the se |
| | | | | | P. Unico |
| | | | | | |

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 |
|---------------------|------|-------|
| 376.00 | | |

| Total Expenditures | This | Event |
|--------------------|------|-------|
| 0 | | |

| J | |
|-----|----------------------|
| ł | 376 00 |
| ı | Page Total \$ 376.00 |
| - 1 | 5 · |

^{*} 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)]