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Event Date	27/	19	Page 4

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

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

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Full Name of Committee	/ .				
Schottke for	6C				
Full Name of Contributor			Registration Number, if PAC		
Full Name of Contributor Christophen Fulton Street Address Employer/Occupation/Labor Organization* 4541 Bent Creek City Grove City OH V 43123 Full Name of Contributor					
Street Address	Employer/Occur	pation/Labor Organization		Amount	
4541 Bent CREEKP	,		06/27/2019	50.00	
City	State	Zip Code	Form (Cash, Check, Etc	La A Monta	
GROVE City	он -	43123	Check		
Fuli Name of Contributor		2	Registration Number, if PAC		
Christine Houx					
Street Address	Employer/Occu	pation/Labor Organization	Date (MM/DD/YYYY)	Amount	
2099 Stangers Ave City GROVE City			06/27/2019	100.00	
City	State	Zip Code	Form (Cash, Check, Etc		
GROVE City	ОН	43/23	Check		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occu	pation/Labor Organization	Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc	004944.0 1842.0 1441.1 1541.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 1441.0 144	
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Full Name of Contributor			Registration Number, if PAC		
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Street Address	Employer/Occu	pation/Labor Organization	* Date (MM/DD/YYYY)	Amount	
City	State	Zip Code	Form (Cash, Check, Etc		
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	<u></u>		Registration Number, if PAC		
Full Name of Contributor	-		Registration reminer, ii PAC		
Street Address	Employer/Occu	pation/Labor Organization	Date (MM/DD/YYYY)	Amount	
	,,				
City	State	Zip Code	Form (Cash, Check, Etc		
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* Required for contributions from individuals over \$100	to statewide and	General Assembly candid	lates. If contributor is self-empk	yed, the occupation and the	

* 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	Con	tribu	rtions	This	Event
	6	2	5	0	0_

Total Expenditu	res This Event
129	12