

Fill in the boxes below only on the last page for this event.

event in the date column

Total Contributions This Event

Event Date 2/28/19	Page Z

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

Page Total \$ 775.00

R.C.	3517.10(B)

Full Name of Committee	!	-		
Friends of Louis	Salva	,		
ull Name of Contributor		Registration Number, if PAC		
Tracey De Feyter Street Address				
Street Address	Employer/Occupation	on/Labor Organization*	Date (MM/DD/YYYY)	#50.00
8815 Kingsley Dr			02/28/2019	H50.
City		Zip Code	Form (Cash, Check, Etc	
Reynoldsburg Full Name of Contributor	OH	43068	check	
Full Name of Contributor			Registration Number, if PAC	
Mangaret Mary Luzno Street Address	4			
Street Address	Employer/Occupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
486 Waggoner R			02/28/2019 Form (Cash, Check, Etc	\$25.00
City	State	Zip Code		
heynoldsburg	OH	43068	check	
Full Name of Contributor			Registration Number, if PAC	
Mac Swinford				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1563 Broadview Terrace			02/28/2019	¥500.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	oH 🔽	43212	check	
Full Name of Contributor	1	I	Registration Number, if PAC	
Debbie Dunlap				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
9140 Mc Mahon Ct			02/28/2019	100.0
City	State	Zip Code	Form (Cash, Check, Etc	
	OH	43068	check	
Reynoldsburg Full Name of Contributor	<i>(</i>)(1)		Registration Number, if PAC	
,				
Luke Weber	Employer/Occupa	ation/Labor Organization	* Date (MM/DD/YYYY)	Amount
Street Address 113 15+ Auc	Linployon		I	\$ 100,00
113 1st Ave	State	Zip Code	02/28/2019 Form (Cash, Check, Etc	
Shuardsuille	エレー	62025	check	
* Required for contributions from individuals over \$100 name of the individual's business, if any, rather than eaggregate of \$100, the labor organization of which the	to statewide and C employer should be employees are me	General Assembly candid listed. If two or more em mbers, if any, must also	tates. If contributor is self-emplo ployees contribute via payroll de appear. [R.C. 3517.10(B)(4)]	yed, the occupation and the duction and exceed the

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

Total Expenditures This Event