



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 People for Page | | | | |
| Full Name of Contributor Mohammed Haqur | | | Registration Number, if PAC | |
| Street Address 162 Bentridge Drive | Employer/Occupation/Labor Organization* Physician | Date (MM/DD/YYYY) 09/11/2017 | Amount 50.00 | |
| City Springboro | State OH | Zip Code 45066 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor John Royer | | | Registration Number, if PAC | |
| Street Address 1480 Dublin Road | Employer/Occupation/Labor Organization* Kohr Royer Griffith, Inc. | Date (MM/DD/YYYY) 09/13/17 | Amount 250.00 | |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Emmett Kelly | | | Registration Number, if PAC | |
| Street Address 1977 Wyandotte Road | Employer/Occupation/Labor Organization* Attorney | Date (MM/DD/YYYY) 09/13/17 | Amount 100.00 | |
| City Columbus | State OH | Zip Code 43212 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Steven Gladman | | | Registration Number, if PAC | |
| Street Address 175 S. 3rd Street | Employer/Occupation/Labor Organization* Executive Director | Date (MM/DD/YYYY) 09/12/17 | Amount 50.00 | |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Dan Moncrief | | | Registration Number, if PAC | |
| Street Address 1324 E. 18th Avenue | Employer/Occupation/Labor Organization* CEO | Date (MM/DD/YYYY) 09/13/17 | Amount 250.00 | |
| City Columbus | State OH | Zip Code 43211 | Form (Cash, Check, Etc) | |

* 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 Contributions This Event
\$6,400.00

Total Expenditures This Event
\$866.77

Page Total \$ 700⁰⁰