



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

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

Full Name of Committee FortKamp for CA				
Full Name of Contributor Sean Oliver			Registration Number, if PAC	
Street Address 4472 Willowbrook Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, Etc) check	
Full Name of Contributor Adam Ashbrook			Registration Number, if PAC	
Street Address 432 W 2nd Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43201	Form (Cash, Check, Etc) check	
Full Name of Contributor Edward Seidel			Registration Number, if PAC	
Street Address 4660 Stonchaven Dr	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$200.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, Etc) check	
Full Name of Contributor James FortKamp			Registration Number, if PAC	
Street Address 1976 Drury Lane	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43235	Form (Cash, Check, Etc) check	
Full Name of Contributor Sandy Martin			Registration Number, if PAC	
Street Address P.O. Box 20021	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 08/06/2019	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Form (Cash, Check, Etc) check	

* 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

Total Expenditures This Event

Page Total \$ \$550.00