

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

©7/20/20/7 MM/DD/YYY Page 3 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	_		(
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Full Name of Contributor				Registration Number, if PAC	
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City		State	Zip Code	Form (Cash, Check, Etc	
New Albany		ОН	43054	Check	
Full Name of Contributor	h		·	Registration Number, if PAC	
Contributions of	\$25	OR	less		
Street Address	Employer	r/Occupat	tion/Labor Organization*	07/20/2017 MM/DD/YYYY	Amount
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City		State	Zip Code	Form (Cash, Check, Etc	
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Full Name of Contributor			Registration Number, if PAC		
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City	'	State	Zip Code	Form (Cash, Check, Etc	
		ОН			
<u> </u>			<u> </u>		
* Required for contributions from individuals over \$100 to	to statewid	de and Ge	eneral Assembly candida	tes. If contributor is self-employe	d, 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 No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

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Total	Expenditures	Thic	Event
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Page Total \$	167	
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