

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

Form 31-E

			R.C. 3517.10(B)
Full Name of Committee  Brace for Donestic Const  Full Name of Contributor  (ansymigh onsniger to provide	Julge		
Full Name of Contributor (anyon-igh onsniger to provide	me this dota	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount J⊙0. ⊝Ū
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor	···	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over \$100	to statewide and General Assembly candida	ates. If contributor is self-emplo	yed, the occupation and the

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 975. 00

Total Expenditures This Event 1,075.16

100.00 Page Total \$

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)]