

Event Date 4/7/19 Page OF

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	
Christne E. Braton Street Address 2648 WESTMONT BIND. City Coll bus					
Street Address	Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
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Full Name of Contributor				Registration Number, if PAC	
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Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization		Date (MM/DD/YYYY)	Amount	
City	S	State	Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals over \$100	0 to statewide	e and G	eneral Assembly candida	ates. If contributor is self-empl	oyed, 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 form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
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Total Expenditures This Ever	ηt
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^{*} 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)]