

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

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

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Form 31-E	
R.C. 3517 10(B)	

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Full Name of Committee								
Citizens to Keep Briscoe Fellows MARSh & Shull								
Full Name of Contributor				Registration Number, if PAC				
Ellen Smith								
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	07/20/2017	Amount			
7291 Waterston				/ MM/DD/YYYY	40			
City	St	tate	Zip Code	Form (Cash, Check, Etc	A STATE OF THE STA			
New Albany	OI	Н	43054	Cash				
Full Name of Contributor				Registration Number, if PAC				
Paul Ghidotti								
Street Address	Employer/C	Occupat	ion/Labor Organization*	07/20/2017	Amount			
6840 MACNE, 1 Dr				MM/DD/YYYY	200			
City	Sta	ate	Zip Code	Form (Cash, Check, Etc				
Dublin	Ol	Н	43017	Check	best 25 mars and a state of the			
Full Name of Contributor	Registration Number, if PAC							
Josh STINE		_						
Street Address	Employer/C	Occupati	ion/Labor Organization*	07/20/2017	Amount			
7229 TALANTH PL				07/2017 MM/DD/YYYY	45			
City	Sta	ate	Zip Code	Form (Cash, Check, Etc				
New Albany	OH	Н _	43054	Cash				
Full Name of Contributor				Registration Number, if PAC				
JAN HALE								
Street Address	Employer/Occupation/Labor Organization*			07/20/2017 MM/DD/YYYY	Amount			
7504 Phelps Close					20			
City	Sta	ate	Zip Code	Form (Cash, Check, Etc				
New Albany	Oł	H	43054	Check				
Full Name of Contributor				Registration Number, if PAC				
DANID STINE								
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	07/20/2017	Amount			
6265 Stonewalk LN City New Albany				/ / MM/DD/YYYY	30			
City	Sta	ate	Zip Code	Form (Cash, Check, Etc				
New Albany	Ol	Н	43054	Check	And the second s			
* Required for contributions from individuals over \$100 t	o statewide	and Ge	neral Assembly candidat	tes. If contributor is self-employed	d, 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

Total Expenditures This Event

Page Total \$ 335

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)]