

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

07/τω/τον μανισμόντα Page,5 Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

R.C. 3517 10(B)

Full Name of Committee				· · · · · · · · · · · · · · · · · · ·	11.0. 3311.10(b)
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CITIZENS TO KEEP B	NSOC,	10	llows, MARC	sh 9 Jhull	
			·	Registration Number, if PAC	
Stephen Pleas Nick					
	Employer/Oc	cupa	tion/Labor Organization*	07/20/2017 MM/DD/YYYY	Amount
7051 Beesee Cincle				MM/DD/YYYY	60
City	Stat	te	Zip Code	Form (Cash, Check, Etc	
New Albany	ОН		43054	Check	
Full Name of Contributor				Registration Number, if PAC	
Jeff Oastineau					
Street Address	Employer/Oc	cupat	tion/Labor Organization*	07/20/2017 MM/DD/YYYY	Amount
4580 Neis Warden				/ /MM/DD/YYYY	40
1 00	Stat	е	Zip Code	Form (Cash, Check, Etc	Telegraphic Control of the Control o
New Albany	ОН		43054	Cash	
Full Name of Contributor				Registration Number, if PAC	
DAWN Abbey					
Street Address	Employer/Oc	cupat	tion/Labor Organization*	107/20/2017	Amount
8366 MARWITE PL City New Albany				67/20/0017 MM/DD/YYYY	45
City	Stat	е	Zip Code	Form (Cash, Check, Etc	
New Albani	он		43054	Cash	
Full Name of Contributor				Registration Number, if PAC	
·					
Street Address	Employer/Oc	cupat	tion/Labor Organization*		Amount
			•	MM/DD/YYYY	
City	Stat	е	Zip Code	Form (Cash, Check, Etc	ger erregion (1994) de la company de grapa de la Mariana en en Contra dels
	он				
Full Name of Contributor			•	Registration Number, if PAC	
Street Address	Employer/Oc	cupat	tion/Labor Organization*		Amount
	· -	*	-	MM/DD/YYYY	
City	Stat	<u>е</u>	Zip Code	Form (Cash, Check, Etc	
-	ОН			·	
	011				and the second of the second o
* Required for contributions from individuals over \$100 t	o statewide ar	nd Ge	eneral Assembly candidat	tes. If contributor is self-employe	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 Expenditures This	Event
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Page Total \$ 195

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)]