

Event Date	8/26/19	Page 3

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

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

Sta OH	ate			Amount 25.00
Employer/O	ate	on/Labor Organization* Zip Code 43230	Date (MM/DD/YYYY)  08/26/19  Form (Cash, Check, Etc  Check  Registration Number, if PAC  Date (MM/DD/YYYY)	25.00
Sta OH	ate	Zip Code 43230	O8/26/19 Form (Cash, Check, Etc Check Registration Number, if PAC Date (MM/DD/YYYY)	25.00
Sta OH	ate	Zip Code 43230	O8/26/19 Form (Cash, Check, Etc Check Registration Number, if PAC Date (MM/DD/YYYY)	25.00
Sta OH	ate	Zip Code 43230	O8/26/19 Form (Cash, Check, Etc Check Registration Number, if PAC Date (MM/DD/YYYY)	
Employer/O	4	43230	Check  Registration Number, if PAC  Date (MM/DD/YYYY)	Amount
Employer/O	4	43230	Check  Registration Number, if PAC  Date (MM/DD/YYYY)	Amount
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St	ocupati	on/Labor Organization*	Date (MM/DD/YYYY)	Amount
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1			08/26/19	25.00
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tor		Registration Number, if PAC		
			D-4- (444/DD0000)	Amount
Employer/Occupation/Labor Organization		1		
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S	tate			
C	H	43230		
		<u> </u>	Registration Number, if PAC	
Employer/Occupation/Labor Organization*		* Date (MM/DD/YYYY)	Amount	
Is	State	Zip Code	Form (Cash, Check, Etc	
			Posietration Number if PAC	
			Kedistration (40)	
Employer	r/Occup	ation/Labor Organization	n* Date (MM/DD/YYYY)	Amount
	State	Zip Code	Form (Cash, Check, Etc	
	Employer/	Employer/Occupat State OH  Employer/Occupat State  State	Employer/Occupation/Labor Organization  State Zip Code OH 43230  Employer/Occupation/Labor Organization  State Zip Code  Zip Code  Zip Code  Zip Code	Check  Registration Number, if PAC    Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)     State   Zip Code   Form (Cash, Check, Etc     Check   Registration Number, if PAC     Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)     State   Zip Code   Form (Cash, Check, Etc     Registration Number, if PAC     Registration Number, if PAC     Registration Number, if PAC     Check   Pack   Pack     Check   Pack   Pack     Check   Pack     Check   Pack     Check   Pack     Check   Pack     Cash, Check   Pack     Check   Pack

Fill in the boxes below only on the last page for this eve.  Transfer the Total contributions for this event to form No.	nt. b. 31-A. Under Full Name of Contributor state "Contributio	ns from form No. 31-E" and list the date of the
event in the date column		

Total Contributions	This	Event
\$1285		

Total Expenditur	es This Event
\$0	

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<sup>\*</sup> 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)]