



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

**Form 31-E**  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Bucher for Worthington				
Full Name of Contributor Jodi Segal			Registration Number, if PAC	
Street Address 6681 Markwood St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 7/21/19	Amount 50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc Credit Card	
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address			Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc
Full Name of Contributor			Registration Number, if PAC	
Street Address			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 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)]

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  
**545.00**

Total Expenditures This Event  
**0.00**

Page Total \$ **50.00**