

Event Date	10/14/2019	Page 17	7

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

Form 31-E

Columbus	он ▼	43203	Check	
Columbus	OH ▼	43203	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark & Antoinette Wilson				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3500 Fairway Commons Drive			10/14/2019	\$100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Hillard	ОН ▼	43026	Check	
Full Name of Contributor			Registration Number, if PAC	
Michael E. Sexton				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
984 Highland Street			10/14/2019	\$100.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	ОН ▼	43201	Check	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State	Zip Code	Form (Cash, Check, Etc	
	 ▼			
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupa	ntion/Labor Organization*	Date (MM/DD/YYYY)	Amount
		3		
City	State	Zip Code	Form (Cash, Check, Etc	
- Chi	John Tolland	1 - 5 0000	Sim (Sasii, Sheak, Etc	

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
\$225.00	

Total Expenditures	This	Event
\$0.00		

Page Total	\$ 225.00
1 3	T

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)]