

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

Form 31-E

					R.C. 3517.10(B)
Full Name of Committee					
VETERSON FUR	DUR	LI	7		
Full Name of Contributor				Registration Number, if PAC	
KATULEON MUNG	ER			-	
Street Address	Employer/O	ccupat	ion/Labor Organization*	Date (MM/DD/YYY,Y)	Amount
7070 CAVALPU CT.				09/28/17	150.00
City	Sta	te	Zip Code	Form (Cash, Check, Etc	
DUBLIN	ОН		43017	CHECK	
Full Name of Contributor	······	-		Registration Number, if PAC	parallel delayed deligibus in caloning orders. Dans all port of monthly for the province which delayed
DAVIO SHIPOYER					
Street Address	Employer/O	ccupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3455 Honoresan Read	i I			09/28/17	150.00
City	Sta	te	Zip Code	Form (Cash, Check, Etc	
Counsis	ОН		43220	Cuer	
Full Name of Contributor				Registration Number, if PAC	
Jim Wones					
				Date (MM/DD/YYYY)	Amount
52 LAST GAN SHELEST				or 128 17	(SD - DO
City	Sta	te	Zip Code	Form (Cash, Check, Etc	
Coumbus	ОН		43215	center	
Full Name of Contributor	Registration Number, if PAC				
KENN GROOMES					
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
5896 LEVEN LINKS G				09/28/17	50.00
City	Sta		Zip Code	Form (Cash, Check, Etc	
DUBLIN	ОН		43017	CNECK	
Full Name of Contributor	2 . 2			Registration Number, if PAC	
Charles Kranstev	12 F12	_			
Street Address Employer/Occupation/Labor Organization*			Date (MM/DD/YYYY)	Amount	
5512 CAPLESTONE GAME				ta 128 17	(00.00
City	Sta	te	Zip Code	Form (Cash, Check, Etc	
b BUN	ОН		43617	CNECK	
* Required for contributions from individuals over \$100 to	o statavida a	nd Go	noral Assambly condidat	tog. If contributor is salf ampleus	ad the accuration 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 C	ont	ribu	tion	s This	s Event
3,	(3	5		

Total Expenditures This Event
D

Page Total \$

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)]