

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

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee	^			
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Full Name of Contributor	101	uxug	City Coun Registration Number, if PAC	ØII.
	6		region and Hullings, it FAC	
Lynda Brown -	Dunawa	au		
Street Address	Employer/Occupat	ion/i.abor Organization*	Date (MM/DD/YYYY)	Amount
6422 Johnanne St.			08/24/2019	\$ 50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Columbus	0+1	43229	cash	
Full Name of Contributor			Registration Number, if PAC	
Jin Marietta				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City F. Postal Ave.			08/24/2019	# 75.00
City	State	Zip Code	Form (Cash, Check, Etc	, , ,
Newark	OH	43055	rash	
Full Name of Contributor		15055	Registration Number, if PAC	
Paul Miller				,
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
162 Andalus Dr.			08/24/2019	# 30.00
City	State	Zip Code	Form (Cash, Check, Etc	
Colum bus	OH	43230	cash	
Full Name of Contributor	<del></del>		Registration Number, if PAC	
Jason Marietta				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/24/2019	130.00
City	State	Zip Code	Form (Cash, Check, Etc	
	1000		cash	
Full Name of Contributor		<b>L.</b>	Registration Number, if PAC	
Katia Bucco				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
Full Name of Contributor  Katie Bucco  Street Address Employer/Occupation/Labor Organization*  2354 Bexkey Park Rd.  City State Zip Code  43209			08/24/2019	\$30.00
City	State	Zip Code	Form (Cash, Check, Etc	
Bexley	OH	43209	cash	
* Required for contributions from individuals over \$100	to statewide and Ga		tes. If contributor is self-employe	ed, the occupation and the
name of the individual's business, if any, rather than en	nployer should be lis	sted. If two or more empl	oyees contribute via payroli ded	uction 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 No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Page Total \$	# 215
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