



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

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee				
Re-Clest Mike	Ebert			
Full Name of Contributor			Registration Number, if PAC	
Nancy Shirm Wright Trust				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount 🚜
12 N. Hysb St			07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windeste	OH	43110	Check	
Full Name of Contributor			Registration Number, if PAC	
Marilyn Lo Schia VO Street Address   Employer/Occupation/Labor Organization*				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount 00
6/9/ Fairway Lane			07-09-19	30
	State	Zip Code	Form (Cash, Check, Etc	
Canal Windleste	OH	43110	Cleck	
Full Name of Contributor			Registration Number, if PAC	
Charles Corpenter				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount 00
4396 Churchill Dr.			07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Marion	IA	52302	Check	
Full Name of Contributor			Registration Number, if PAC	
C.A Lloyd				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount 00
129 Beaty CF			07-09-19	300
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	OH	43110	Cleck	
Full Name of Contributor			Registration Number, if PAC	
Dwayne R Spence	ع			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount or
1255 Phe asant Run Canal Windester			07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windester	OH	43110	Check	
* 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 No. 31-E" and list the date of the event in the date column

**Total Contributions This Event** 

Total Expenditures This Event

Page Total \$