

Event Date	Page

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

			R.C. 3517.10(B)
Full Name of Committee	<u> </u>		
Friends of Mo	ick Quesenber	rrl	
Full Name of Contributor Christine A Smith		Registration Number, if PAC	
L'imes A Smith			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
8334 Priestley Dr.		08 21-2019	500
City	State Zip Code	Form (Casi	<u> </u>
lum	04 43068	Chock	
Full Name of Contributor		Registration Number, if PAC	
Christopher Shook			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
572 Hunnicut Dr.		08-21-2019	50.00
City	State Zip Code	Form (Cash, Check, Etc	
Klem.	10H 43068	Chock	and who are first to the
Full Name of Contributor		Registration Number, if PAC	
Kristen J. Bryant			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
387 Cheyenne way	Selfemp	08-21-2019	50.00
City	State Zip Code	Form (Cash, Check, Etc	
City Peem.	014 43068	Check	
Full Name of Contributor		Registration Number, if PAC	
Than ette Strickland			
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
651 Mirandu pl			25.00
City	State Zip Code	Form (Cash, Check, Etc	
keyn.	014 43068	Check	
Full Name of Contributor		Registration Number, if PAC	
Rew Michelle Sch	ott		
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
1823 Steckel Rel	DCSS	08.21-2019	\$10.00
City	State Zip Code	Form (Cash, Check, Etc	
keyn.	10H 143068	lash	
* Required for contributions from individuals over \$100 t	o statewide and General Assembly candidate	tes. If contributor is self-employed	d, the occupation and the

iness, 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 tast 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

Total Expenditures This Event

Dago Total \$	1850
Page Total \$	