

## JON HUSTED Ohio Secretary of State

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

Form 31-E

Full Name of Committee				
Citizens for Jim Lynch				
Full Name of Contributor			Registration Number, if PAC	
Don Brey				
Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
				\$250.00
S	state	Zip Code	Form (Cash, Check, Etc	Baran and the second
0	ЭН	43220	Check	
Full Name of Contributor			Registration Number, if PAC	
Robert and Katrina Ruscilli				
Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			06/08/2017	\$250.00
S	tate	Zip Code	Form (Cash, Check, Etc	
0	ЭН	43221	Check	
Full Name of Contributor			Registration Number, if PAC	
James and Hope Lynch				
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
			06/08/2017	\$500.00
Si	state	Zip Code	Form (Cash, Check, Etc	
o	)H	43220	Check	Barbara de la compania del compania de la compania del compania de la compania del la compania de la compania d
Full Name of Contributor			Registration Number, if PAC	
Curtis Steiner and Jan Allen				
eet Address Employer/Occupation/Labor		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
ourt Drive		06/08/2017	\$500.00	
S	tate	Zip Code	Form (Cash, Check, Etc	
0	ЭН	43221	Check	
Full Name of Contributor			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
S	State	Zip Code	Form (Cash, Check, Etc	
0	)H			
	Employer/  Employer/  Employer/	State OH  Employer/Occupat  State OH  Employer/Occupat  State OH  State OH	Employer/Occupation/Labor Organization*  State Zip Code OH 43221  Employer/Occupation/Labor Organization*  State Zip Code OH 43220  Employer/Occupation/Labor Organization*  State Zip Code OH 43220  Employer/Occupation/Labor Organization*  State Zip Code OH 43221  Employer/Occupation/Labor Organization*	State OH 43220 Form (Cash, Check, Etc Check  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  State Zip Code OH 43221 Form (Cash, Check, Etc Check  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  State Zip Code Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYYY)  State Zip Code Check  OH 43220 Form (Cash, Check, Etc Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYYY)  State Zip Code Form (Cash, Check, Etc Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYYY)  State Zip Code Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYYY)  State Zip Code Form (Cash, Check, Etc Check  Registration Number, if PAC

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 form No. 31-E" and list the date of the event in the date column

Total Contributions This Event \$4,920.00

Total Expenditures This Event \$441.60

Page Total \$ \_\_\_\_\_\_

<sup>\*</sup> 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)]