

Event Date

12/10/2019

Page 9

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

For	m 31-E
R C 351	7 10/R)

Full Name of Committee					
Sheryl Munson for Judge Committee					
Full Name of Contributor			Registration Number, if PAC		
Erinn Anderson					
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
295 E. Stewart Ave.				12/10/2019	50
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43206	Check	
Full Name of Contributor			·	Registration Number, if PAC	
Phillip Templeton Law					
Street Address	Employe	er/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
720 S. High St.	*Appt List			12/10/2019	250
City		State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43206	Check	
Full Name of Contributor			Registration Number, if PAC		
Norman Anderson					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
295 Stewart Ave.				12/10/2019	100
City	State Zip Code		Zip Code	Form (Cash, Check, Etc	
Columbus OH 43206		Check			
Full Name of Contributor			Registration Number, if PAC		
Emily Anstaett					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
1335 Fair Ave, Apt 4				12/10/2019	50
City	•	State	Zip Code	Form (Cash, Check, Etc	
Columbus		ОН	43205	Check	
Full Name of Contributor				Registration Number, if PAC	
Margaret Baker-Meckling					
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6368 Windrush Lane				12/10/2019	50
City		State	Zip Code	Form (Cash, Check, Etc	
Blacklick OH 43004		Check			
* Required for contributions from individuals over \$100		de end Ce	annel Annanchi		d the commettee 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 form No. 31-E" and list the date of the event in the date column

Total Contributions	This	Event
8095		

Total	Expenditures	This	Event
0			

Page Total \$	500	

^{*} 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)]