

Event Date	10/08/2018	Page <u><b>%</b>3</u>

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

Form 31-E

R.C. 3517.10(B)

Street Address 3003 N High St  State   Zip Code   Form (Cash, Check, Etc Check   Check	Full Name of Committee					
Street Address 3003 N High St  State   Zip Code   Form (Cash, Check, Etc Check   Check	Citizens for Mingo					
Street Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   10/04/2018   100.00	Full Name of Contributor	<del></del>			Registration Number, if PAC	
10/04/2018   100.00   10/04/2018   100.00   10/04/2018   100.00   10/04/2018   100.00   10/04/2018   100.00   10/04/2018   10/04/201	J P Faulkner					
State   Zip Code   Check   C	Street Address	Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
Columbus         OH         43202         Check           Full Name of Contributor Saray Martie         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization* 10/04/2018         Date (MM/DD/YYYY) Annount 10/04/2018 100.00           City         State OH 43054         Zip Code EFT           New Albany         PoH 43054         EFT           Full Name of Contributor Linda Charobee         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization* 210 (MM/DD/YYYY)         Amount 10/04/2018 100.00           City         State Zip Code OH 43017         Form (Cash, Check, Etc EFT In 10/04/2018 100.00           Full Name of Contributor Jury Hall         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization* 210 (Date (MM/DD/YYYY) Annount 10/04/2018 100.00           Street Address         Employer/Occupation/Labor Organization* 210 (Date (MM/DD/YYYY) Annount 10/04/2018 100.00           City         State Zip Code Form (Cash, Check, Etc EFT           Full Name of Contributor Michelle Goff         Registration Number, if PAC           Street Address         Employer/Occupation/Labor Organization* 210 (Date (MM/DD/YYYY) Annount 10/04/2018 10/04/	3003 N High St				10/04/2018	100.00
Full Name of Contributor  Saray Martie  Street Address 6881 Addenbrook Blvd  City New Albany  Full Name of Contributor Linda Charobee  Street Address  Employer/Occupation/Labor Organization* OH 43054  EFT  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Registration Number, if PAC  Amount 10/04/2018  Registration Number, if PAC  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018  10/04/2018  Amount 10/04/2018  Registration Number, if PAC  Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT  Registration Number, if PAC  Registration Number, if PAC  Amount 10/04/2018  Amount 10/04/2018  Registration Number, if PAC  Amount 10/04/2018  Amount 10/04/2018  Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT  Registration Number, if PAC	City	1	State	Zip Code	Form (Cash, Check, Etc	
Saray Martie   Street Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount 10/04/2018   100.00	Columbus		ОН	43202	Check	
Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   10/04/2018   100.00	Full Name of Contributor			L	Registration Number, if PAC	A STATE OF THE STA
10/04/2018   100.00	Saray Martie					
State Zip Code Form (Cash, Check, Etc EFT  Full Name of Contributor Linda Charobee  Street Address Empkoyer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018 100.00  City State Zip Code Form (Cash, Check, Etc EFT  Full Name of Contributor Jerry Hall  Street Address Empkoyer/Occupation/Labor Organization* Pac Mamount 10/04/2018 100.00  City State Zip Code Form (Cash, Check, Etc EFT  Registration Number, if PAC  Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT EFT PAC)  Registration Number, if PAC  City State Zip Code Form (Cash, Check, Etc EFT PAC)  City State Zip Code Form (Cash, Check, Etc EFT PAC)  City State Zip Code Form (Cash, Check, Etc EFT PAC)  Registration Number, if PAC  City Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT PAC)  Registration Number, if PAC  City Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018 10/04/	Street Address	Employer	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
New Albany  OH 43054  EFT  Registration Number, if PAC  Linda Charobee  Street Address  Employer/Occupation/Labor Organization* OH 43054  Employer/Occupation/Labor Organization* OH Date (MM/DD/YYYY)  Amount 10/04/2018  Amount 10/04/2018  Amount 10/04/2018  Form (Cash, Check, Etc EFT  Full Name of Contributor  Jerry Hall  Street Address  Employer/Occupation/Labor Organization* State Zip Code OH A3235  Employer/Occupation/Labor Organization* OH A3235  EFT  Registration Number, if PAC  Amount 10/04/2018  Amount 10/04/2018  Amount 10/04/2018  Full Name of Contributor OH A3235  EFT  Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT  EFT  Amount 10/04/2018  Amount 10/04/2018  Full Name of Contributor Michelle Goff  Street Address  Employer/Occupation/Labor Organization* OH A3235  EFFT  Amount 50.00  Amount 50.00  Amount 50.00  Amount 50.00  Amount 50.00  Form (Cash, Check, Etc EFT)  Full Name of Contributor Michelle Goff  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  Amount 50.00  Amount 50.00  Amount 50.00  Form (Cash, Check, Etc EFT)  Full Name of Contributor Michelle Goff  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  Amount 50.00  Amount 50.00  Form (Cash, Check, Etc EFT)	6881 Addenbrook Blvd				10/04/2018	100.00
Full Name of Contributor Linda Charobee  Street Address  4535 W Dublin Granville Rd  State  OH  A3017  Employer/Occupation/Labor Organization* OH  A3017  EFT  Full Name of Contributor  Jerry Hall  Street Address  Street Address  Employer/Occupation/Labor Organization* OH  A3017  EFT  Registration Number, if PAC  State  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  Amount 10/04/2018  Amount 10/04/2018  Amount 10/04/2018  Form (Cash, Check, Etc EFT  Registration Number, if PAC  Street Address  OH  A3235  Employer/Occupation/Labor Organization* Full Name of Contributor  Michelle Goff  Street Address  Employer/Occupation/Labor Organization* OH  A3235  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  Amount 10/04/2018  Amount 10/04/2018  Amount 10/04/2018  Street Address  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  Amount 50.00  Amount 50.00	City		State	Zip Code	Form (Cash, Check, Etc	
Linda Charobee  Street Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   10/04/2018   100.00   City   State   Zip Code   Form (Cash, Check, Etc   Dublin   Granville Rd   FFT   Full Name of Contributor   Form (Cash, Check, Etc   Descript Hall   Free Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   10/04/2018   100.00    City   State   Zip Code   Form (Cash, Check, Etc   Form (Cash, Check, Etc   Form (Cash, Check, Etc   FFT    Full Name of Contributor   OH   43235   Fill Name of Contributor   FFT   Michelle Goff   Form (Cash, Check, Etc   Form (Cash, Check, Etc   Form (Cash, Check, Etc   FFT   Full Name of Contributor   Michelle Goff   Form (Cash, Check, Etc   Form (Cash, Che	New Albany		ОН	43054	EFT	
Street Address 4535 W Dublin Granville Rd  Employer/Occupation/Labor Organization* 10/04/2018 100.00  State Zip Code Form (Cash, Check, Etc EFT  Full Name of Contributor Jerry Hall  Street Address Employer/Occupation/Labor Organization* 5310 Bethel Park Dr  City Columbus  State Zip Code Form (Cash, Check, Etc EFT  Amount 10/04/2018 100.00  Amount 10/04/2018 100.00  Form (Cash, Check, Etc EFT  Registration Number, if PAC  State Zip Code Form (Cash, Check, Etc EFT  Full Name of Contributor Michelle Goff  Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Registration Number, if PAC  Amount 10/04/2018 50.00  State Zip Code Form (Cash, Check, Etc EFT)  Full Name of Contributor Michelle Goff  Street Address 267 Highland Ave  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018 50.00	Full Name of Contributor			<u> </u>	Registration Number, if PAC	
A535 W Dublin Granville Rd	Linda Charobee					
State   Zip Code   Form (Cash, Check, Etc   Dublin   State   Zip Code   A3017   EFT    Full Name of Contributor   Full   Street Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount   100.00    City   State   Zip Code   Form (Cash, Check, Etc   EFT   Columbus	Street Address	Employer	r/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
Dublin  OH 43017  EFT  Full Name of Contributor  Jerry Hall  Street Address 5310 Bethel Park Dr  City Columbus  State OH  State OH  State OH  A3017  EFT  Registration Number, if PAC  Date (MM/DD/YYYY) 10/04/2018 100.00  Amount 10/04/2018 100.00  EFT  Full Name of Contributor Michelle Goff  Street Address 267 Highland Ave  State  State  State  State  State State Sip Code A3235  EFT  Registration Number, if PAC  Amount 50.00  Amount 50.00  Amount 50.00  Form (Cash, Check, Etc	4535 W Dublin Granville Rd		10/04/2018	100.00		
Full Name of Contributor  Jerry Hall  Street Address  Street Park Dr  State  Columbus  State  Columbus  Street Address  State  Columbus  State  Columbus  State  Columbus  State  Columbus  State  State  State  Columbus  State	City		State	Zip Code	Form (Cash, Check, Etc	
Jerry Hall       Street Address     Employer/Occupation/Labor Organization*     Date (MM/DD/YYYY)     Amount 10/04/2018       5310 Bethel Park Dr     State     Zip Code     Form (Cash, Check, Etc     EFT       Columbus     OH     43235     EFT       Full Name of Contributor     Registration Number, if PAC       Michelle Goff     Street Address     Employer/Occupation/Labor Organization*     Date (MM/DD/YYYY)     Amount 50.00       267 Highland Ave     State     Zip Code     Form (Cash, Check, Etc	Dublin		ОН	43017	EFT	
Street Address  Street Address  State   Zip Code   Form (Cash, Check, Etc   EFT    Full Name of Contributor   Michelle Goff  Street Address   Employer/Occupation/Labor Organization*   Date (MM/DD/YYYY)   Amount    ### Address   Amount   10/04/2018    ### Address   Columbus   Form (Cash, Check, Etc   EFT    ### Address   Columbus   State   Zip Code   Form (Cash, Check, Etc   EFT    ### Address   Columbus   Columbus    ### Address	Full Name of Contributor			<u> </u>	Registration Number, if PAC	
State Columbus  State Columbus  State Columbus  OH 43235  Full Name of Contributor Michelle Goff  Street Address 267 Highland Ave  State Zip Code Form (Cash, Check, Etc EFT  Registration Number, if PAC  Michelle Goff  Street Address 267 Liphland Ave  State Zip Code Form (Cash, Check, Etc EFT  Amount 10/04/2018 50.00	Jerry Hall					
City Columbus State Zip Code Form (Cash, Check, Etc Columbus Full Name of Contributor Michelle Goff Street Address 267 Highland Ave  State Zip Code Form (Cash, Check, Etc DH 43235 EFT  Registration Number, if PAC  Date (MM/DD/YYYY) Amount 10/04/2018 50.00  State Zip Code Form (Cash, Check, Etc	Street Address Employer/Occupation/Labor Organizat		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount	
Columbus  OH 43235  EFT  Full Name of Contributor  Michelle Goff  Street Address 267 Highland Ave  Employer/Occupation/Labor Organization*  State  Zip Code  Form (Cash, Check, Etc	5310 Bethel Park Dr				10/04/2018	100.00
Full Name of Contributor  Michelle Goff  Street Address  267 Highland Ave  City  Registration Number, if PAC  But (MM/DD/YYYY)  Amount  10/04/2018  50.00	City		State	Zip Code	Form (Cash, Check, Etc	
Michelle Goff  Street Address  267 Highland Ave  City  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018 50.00  Amount Form (Cash, Check, Etc	Columbus		ОН	43235	EFT	
Street Address  267 Highland Ave  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Amount 10/04/2018 50.00  City  State Zip Code Form (Cash, Check, Etc	Full Name of Contributor				Registration Number, if PAC	
267 Highland Ave         10/04/2018         50.00           City         State         Zip Code         Form (Cash, Check, Etc	Michelle Goff					
City State Zip Code Form (Cash, Check, Etc	Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount		
	267 Highland Ave		10/04/2018	50.00		
Columbus OH 43085 EFT	City	1	State	Zip Code	Form (Cash, Check, Etc	
	Columbus		он	43085	EFT	

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

Total	Expenditures	This	Event

Page	Total \$	
L		 

<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)]