

Event Date	07/26/2018	Page 58

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

Form 31-E

R.C. 3517.10(B)

			****	
Full Name of Contributor			Registration Number, if PAC	
				:
Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			07/06/2018	500.00
	State	Zip Code	Form (Cash, Check, Etc	
	он	43235	EFT	
		<u> </u>	Registration Number, if PAC	
Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			07/11/2018	1,000.00
	State	Zip Code	Form (Cash, Check, Etc	
	он	43209	Check	
			Registration Number, if PAC	
nkin				
Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			07/11/2018	500.00
<u> </u>	State	Zip Code	Form (Cash, Check, Etc	
	он	43215	Check	
Full Name of Contributor		Registration Number, if PAC		
Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
ł			07/11/2018	1,000.00
	State	Zip Code	Form (Cash, Check, Etc	
	он	43065	EFT	
Full Name of Contributor		Registration Number, if PAC		
Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			07/13/2018	250.00
	State	Zip Code	Form (Cash, Check, Etc	
	он	43220	Check	
	Employe Employe	State OH  State OH  State OH  State OH  State OH  Employer/Occupat  State OH  State OH  State OH  State OH	State   Zip Code   OH   43235    Employer/Occupation/Labor Organization*    State   Zip Code   OH   43209    Inkin    Employer/Occupation/Labor Organization*    State   Zip Code   OH   43215    Employer/Occupation/Labor Organization*    State   Zip Code   OH   43065    Employer/Occupation/Labor Organization*    State   Zip Code   OH   43065    Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  State Zip Code Form (Cash, Check, Etc EFT  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  O7/11/2018  State Zip Code Form (Cash, Check, Etc Check  Registration Number, if PAC  ankin  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  O7/11/2018  State Zip Code Form (Cash, Check, Etc Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  O7/11/2018  State Zip Code Form (Cash, Check, Etc Check  Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  O7/11/2018  State Zip Code Form (Cash, Check, Etc EFT Registration Number, if PAC  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)  O7/13/2018  State Zip Code Form (Cash, Check, Etc EFT 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

<b>Total Contributions</b>	This Event

Total	Expend	litures	This	Event

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)]