



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Joe and Sara Andrews			Registration Number, if PAC	
Street Address 1375 Kirkley Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Chris and Gunvor Widing			Registration Number, if PAC	
Street Address 717 Neil Avenue, Apt. 630	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor William Shkurti			Registration Number, if PAC	
Street Address 1877 Baldrige Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$100.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Frank Courtney			Registration Number, if PAC	
Street Address 2324 Sedgwick Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$200.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Chris and Suzanne Widing			Registration Number, if PAC	
Street Address 1251 Kenbrook Hills Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$200.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	

* 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)]

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 \$ **700.00**