



Event Date 09 -16 - 19

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

					R.C. 3517.10(
Friends of Sandi Aller	1				
Full Name of Contributor				Registration Number, if PA	C
Street Address	Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	•
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/0		ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	r/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	S	State	Zip Code	Form (Cash, Check, Etc	

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 C	ontributions This Event	
	5200	

^{*} 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)]