OFFICE OF THE
Ohio Secretary of State

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

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

Full Name of Committee
Committee to elect Jarvis As Mayor

Full Name of Contributor		Registration Number, if PAC
Ann D. Bennett		—

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
41 Elizabeth St.	Hospitality	08/26/19	100.00

City	State	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	OH	43110	Check	

Full Name of Contributor		Registration Number, if PAC
Contributors of $75 or less		—

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
—	—	08/26/19	418.00

City	State	Zip Code	Form (Cash, Check, Etc	
—	—	—	Cash	

Full Name of Contributor		Registration Number, if PAC
Michael L. Sachs		—

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
200 E. Hocking St.	Retired State	08/26/19	25.00

City	State	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	OH	43110	Check	

Full Name of Contributor		Registration Number, if PAC
Marc A. Romano		—

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
16 W. Mound St.	Unk.	08/26/19	50.00

City	State	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	OH	43110	Check	

Full Name of Contributor		Registration Number, if PAC
Shane E. Olger		—

Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
55 E. Mound St.	Unk.	08/26/19	40.00

City	State	Zip Code	Form (Cash, Check, Etc	
Canal Winchester	OH	43110	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	Total Expenditures This Event	
633.00	-0-	Page Total $ 633.00

(See 31-J-1 for 8/26/19