

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

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

| | Form 31-E |
|--|-----------|
| | |

| | | | | | 11.0. 3317.10(b) | |
|---|---|-------------|-----------------------------|------------------------------------|---------------------------|--|
| Full Name of Committee | า | | 11 | 1 4 -1 1 | | |
| CITIZENS to Keep BRISCOE Fellows MARSh & Shull | | | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| Amy Schottenstein | | | | | | |
| Street Address | t Address / Employer/Occupation/Labor Organization* | | 07/20/2017 | Amount | | |
| 6290 MANJORUM BEND | | | MM/DD/YYYY | 35 | | |
| 1019 | State | Zip C | Code | Form (Cash, Check, Etc | C. State Co. 2 | |
| New Albany | ОН | 43 | 3054 | Cash | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Undenhill & Hodge L | LC_ | | | | | |
| Street Address | Employer/Occ | cupation/La | abor Organization* | 07/20/2017 | Amount | |
| 8000 Walter Pankway | | | | MM/DD/YYYY | 120- | |
| City | State | Zip C | Code | Form (Cash, Check, Etc | | |
| New Albany | он | 43 | 054 | Check | | |
| Full Name of Contributor | | | Registration Number, if PAC | | | |
| PAUL BRISK | | | | | | |
| Street Address Employer/Occupation/Labor Organization* | | 07/20/2017 | Amount | | | |
| 4275 Bridge MANE PL | | | 07/20/20/7 MM/DD/YYYY | 45 | | |
| City , | State | Zip C | Code | Form (Cash, Check, Etc | | |
| New Albany | он | 43 | 3054 | Check | Echilis | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Steven Rabe | | | | , | | |
| Street Address | Employer/Occ | upation/La | abor Organization* | OTRO ZUTY MM/DDMYYY | Amount | |
| 7240 LAMBTON PANK PER | · · · · · · · · · · · · · · · · · · · | | , | | 45 | |
| City | State | Zip C | Code | Form (Cash, Check, Etc | | |
| New Albany | он | 43 | 2054 | Check | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | |
| Evenett Gallaghen | | | | | | |
| Street Address D Employer/Occupation/Labor Organization* | | 07/20/2017 | Amount | | | |
| 7568 S. Goodrich Sa | | | | / MM/DD/YYYY | 30 | |
| City | State | Zip C | Code | Form (Cash, Check, Etc | | |
| New Albany | ОН | 43 | 3054 | check | | |
| * Required for contributions from individuals over \$100 to | statewide an | d General | Assembly candidat | es. If contributor is self-employe | d, the occupation and the | |

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

| 1 | otal | Contributions | This | Even |
|---|------|---------------|------|------|
| | | | | |

Total Expenditures This Event

Page Total \$275

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)]