

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

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

Full Name of Committee	Du	BLIN		
CHUSTONE CLI			Registration Number, if PAC	
Street Address 6087 (20AD)	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 69 (28 17	Amount CD . CD
D BLIN	State OH	Zip Code 43 617	Form (Cash, Check, Etc	
JON SHOUGH			Registration Number, if PAC	
US86 CLATELAINE De.	Employer/Occupation/Labor Organization*		09/28/17	Amount 75.66
OUBLIN	State OH	Zip Code U3 017	Form (Cash, Check, Etc	
WARREN FISHMAN	-		Registration Number, if PAC	
8577 TLEN BERFU CT.	Employer/Occupation/Labor Organization*		128 17	Amount
DBUP	State OH	Zip Code	Form (Cash, Check, Etc	The state of the s
MICHAEL RODERICE			Registration Number, if PAC	
7111 Contention Was De.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09 [28]17	Amount 10.00
City	State	Zip Code	Form (Cash, Check, Etc	

Employer/Occupation/Labor Organization*

Zip Code

43017

43017

ОН

State

ОН

CHECK

Date (MM/DD/YYYY)

09/28/17

Form (Cash, Check, Etc

Contly

Registration Number, if PAC

Fill in the boxes below only on the last page for this event.

H.R. HOLLENBAUGH

8549 BLENALMOND CT.

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				
3,13	15			

DUBLIN

Street Address

Full Name of Contributor

DUBLIN

Total Expenditu	res This Event
D	

Amount

^{*} 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)]