

**OFFICE OF THE**

Ohio Secretary of State

State of Ohio
Department of State
Division of Elections
Elections Division
Office of the Secretary of State
100 N. High Street
Columbus, OH 43260-0001
(614) 466-2300

Event Date 08-28-2019 Page 24

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 Kim Meagard***Full Name of Contributor***Teresa Netoian***Street Address***4242 Etna St., City of Whitehall***City***Whitehall***Employer/Occupation/Labor Organization***

Retired

State

OH

Zip Code

43213

Date (MM/DD/YYYY) 08-28-2019 Amount \$100.00

Form (Cash, Check, Etc.) Cash

Full Name of Contributor*Cindy Stewart***Street Address***4597 North Bank Rd., City of Whitehall***City***Buckeye Lake***Employer/Occupation/Labor Organization***

Retired

State

OH

Zip Code

43008

Date (MM/DD/YYYY) 08-28-2019 Amount \$200.00

Form (Cash, Check, Etc.) Cash

Full Name of Contributor*David Yruelos***Street Address***663 Ross Rd.***City***Whitehall***Employer/Occupation/Labor Organization***

Self-employed

State

OH

Zip Code

43213

Date (MM/DD/YYYY) 08-28-2019 Amount \$50.00

Form (Cash, Check, Etc.) Cash

Full Name of Contributor*Brenda Loveless***Street Address***4407 Etna Rd.***City***Whitehall***Employer/Occupation/Labor Organization***

Retired

State

OH

Zip Code

43213

Date (MM/DD/YYYY) 08-28-2019 Amount \$25.00

Form (Cash, Check, Etc.) Cash

Full Name of Contributor*Natalie Waring***Street Address***1896 N. Star Rd. Apt D***City***Whitehall Columbus***Employer/Occupation/Labor Organization***

Self-employed

State

OH

Zip Code

43212

Date (MM/DD/YYYY) 08-28-2019 Amount \$25.00

Form (Cash, Check, Etc.) Cash

* 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

Page Total \$ 400.00