



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

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

Full Name of Committee Friends of Kelly Needleman				
Full Name of Contributor Mary Eisel			Registration Number, if PAC N/A	
Street Address 8661 Blanc Court	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 09/22/2019	Amount \$25.00
City Powell	State OH <input type="checkbox"/>	Zip Code 43065	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kerri Rathburn			Registration Number, if PAC	
Street Address 1348 Clubview Blvd. South	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 09/22/2019	Amount \$200.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43235	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kathleen Garber			Registration Number, if PAC	
Street Address 8012 Golfview Court	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 09/22/2019	Amount \$200.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43235	Form (Cash, Check, Etc) Check	
Full Name of Contributor Stephanie Donaldson			Registration Number, if PAC	
Street Address 2083 Sawbury Boulevard	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 09/22/2019	Amount \$100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43235	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sarah Burns			Registration Number, if PAC	
Street Address 7720 Sefton Park	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 09/22/2019	Amount \$20.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43235	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
\$545.00

Total Expenditures This Event
\$75.00

Page Total \$ 545.00