

10/16/17	
MM/DD/YYY	Page 3

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

Form 31-E

					K.C. 3317.10(b)
Full Name of Committee	_	1	/-	12 A	, .
Friends of Shar	on U	Hu	then - (Fu	indraised Sha	des 10/16/17)
Full Name of Contributor			Registration Number, if PAC		
margle Bendig					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
Full Name of Committee  Fuends of Sharon Whites - (Fuends)  Full Name of Contributor  Marylle Bendy  Street Address  Employer/Occupation/Labor Organization*  4931 W. Bload St  City  Callenlar Ohio  OH  43228		10/11/17	10000		
City	St	ate	Zip Code	Form (Cash, Check, Etc	
Collenbus Ohio	OI	H	43228	Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
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City	St	ate	Zip Code	Form (Cash, Check, Etc	
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Full Name of Contributor				Registration Number, if PAC	;
Street Address	Employer/C	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	St	tate	Zip Code	Form (Cash, Check, Etc	
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Full Name of Contributor			Registration Number, if PAC	A 1 TO A	
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Street Address	Employer/0	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	St	tate	Zip Code	Form (Cash, Check, Etc	
	O	Н			
Full Name of Contributor	<del></del>		·	Registration Number, if PAC	
Street Address	Employer/0	Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	S	tate	Zip Code	Form (Cash, Check, Etc	
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* Required for contributions from individuals over \$100	to statewide	and Ge	Ieneral Assembly candida	tes. If contributor is self-emol	oved the occupation and the

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
275
0,3

Total Expenditu	res This Event
30	Cash

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	1005	
Page Total \$	100	
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