31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

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Name of Committee in Full SEALOTT FOR J.	DEE	
Full Name of Contributor AMV OHO		Registration Number, if PAC
Street Address PALMER Rd	Employer/Occupation/Labor Organization*	O33 LHO /O)
CO/S	Sia te Zip Code OH 43212	Form (Cash, Check, etc.)
Full Name of Contributor KAREN Phipps		Registration Number, if PAC
Street Address 4333 ReeD Rd	Employer/Occupation/Labor Organization*	M D Y Amount
Cd/5	State Zip Chief OH 4 3220	Form (Cash, Check, etc.)
Full Name of Contributor JAMES MAYIENTH Street Address		Registration Number, if PAC
Street Address 571 EDGEWOOD Rd	Employer/Occupation/Labor Organization*	Amount 200 W
MHNSFIELD,	State Zip Code 44907	Form (Cash, Chec k, etc.)
Full Name of Contributor KINSIEN F. Nyce		Registration Number, if PAC
Street Address Ave 5m Ave	Employer/Occupation/Labor Organization*	123 3/16/25 av
Cols Cols	Sia te Zip Code H 43212	Form (Cash, Meck, etc.)
Full Name of Contributor John I 220	· -	Registration Number, if PAC
Street Address 5536 Little Falls M	Employer/Occupation Labor Organization	Amount OS SIVE 100 BL
DUBLIN	State	Form (Cask, Check, etc.)
Full Name of Contributor Keith EDWANDS		Registration Number, if PAC
Street Address Seegen St.	Employer/Occupation/Labor Organization*	033116 50°
Co 15	State Zip Code 43228	Form (Cash Check, etc.)
Full Name of Contributor Lols Climate Controls Li	LC MAKE MAPKUS	Registration Number, if PAC
Street Address 2. 510 AVR	Employer/Occupation/Labor Organization* HEATING AIC	033/16 100 to
Col5	Sta te Zip Code 4 3 2 1 9	Total (Casis Check, de.)
* Required for contributions from individuals over \$100 to statewide the individual's business, if any, rather than employer should be liste	and General Assembly candidates. If contributor is d. If two or more employees contribute via payroll d	self-employed, the occupation and the name of eduction and exceed the aggregate of \$100, 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			
Total contributions this event	Total expenditures this event.		
		Page Total \$	775

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]