



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

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

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor Friends of David Leland			Registration Number, if PAC	
Street Address 367 E. Broad St., Suite 1002	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 50.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Denise R. Ruef			Registration Number, if PAC	
Street Address 4745 Timmons Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 50.00
City Plain City	State OH <input type="checkbox"/>	Zip Code 43064	Form (Cash, Check, Etc) Check	
Full Name of Contributor Vanessa Griffin			Registration Number, if PAC	
Street Address 37 Trail Blvd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 50.00
City Pataskala	State OH <input type="checkbox"/>	Zip Code 43062	Form (Cash, Check, Etc) Check	
Full Name of Contributor Cornelius McGrady			Registration Number, if PAC	
Street Address 8675 Kingsley Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 50.00
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jody M. Theado			Registration Number, if PAC	
Street Address 7775 Junk Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 50.00
City Mount Sterling	State OH <input type="checkbox"/>	Zip Code 43143	Form (Cash, Check, Etc) Check	

* 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 \$ 250.00