



**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 Sarah Ackman				
Full Name of Contributor Catherine Swindel			Registration Number, if PAC	
Street Address 227 N. Remington Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019	Amount \$50.00
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) check	
Full Name of Contributor Jonathon Clous			Registration Number, if PAC	
Street Address 2412 N. Havenwood	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019	Amount \$200.00
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) check	
Full Name of Contributor Laurel Dawson			Registration Number, if PAC	
Street Address 356 Stanbery Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/13/2019	Amount \$100.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) check	
Full Name of Contributor Ryan Burgess			Registration Number, if PAC	
Street Address 2587 Brentwood	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/07/2019	Amount \$50.00
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) check	
Full Name of Contributor Michael Hughes			Registration Number, if PAC	
Street Address 60 N. Cassady Ave.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019	Amount \$50.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43209	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
\$1045.00

Total Expenditures This Event
\$150.50

Page Total \$ **450.00**