

MM/DD/YYYY	þ

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

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

Committee to	TILL		_					
	Tues	Committee to Flect Amber Clark						
Full Name of Contributor	Registration Number, if PAC							
Joesph Enb								
Street Address	Employer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount				
3453 Darby Glan Brd	09/28/2017	7500						
	State	Zip Code	Form (Cash, Check, Etc	note the expense.				
Itiliard	ОН	43024	Cheek					
Full Name of Contributor			Registration Number, if PAC					
R. Michael Taylor								
Street Address E	mployer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount				
222 E, Town St 2W			0912812017	360,0				
City	State	Zip Code	Form (Cash, Check, Etc	F. B. W. B. 3				
Ludmula)	ОН	43215	check					
Full Name of Contributor			Registration Number, if PAC					
Roy Clay IL Street Address								
Street Address E	Date (MM/DD/YYYY)	Amount						
825 N. 4th Strut		:	09/28/2017	500				
City	State	Zip Code	Form (Cash, Check, Etc					
Columbus	ОН	43215	cash					
Full Name of Contributor			Registration Number, if PAC					
Crwr gu Lust Street Address								
Street Address E	mployer/Occupa	ition/Labor Organization*	Date (MM/DD/YYYY)	Amount				
138 Saul Dr			09/28/2017	40°'				
City	State	Zip Code	Form (Cash, Check, Etc	n in the second				
City Pickerington	ОН	43147	cash	注意				
Full Name of Contributor	Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount					
)								
City	State	Zip Code	Form (Cash, Check, Etc					
	он							
* Required for contributions from individuals over \$100 to	statewide and G	eneral Assembly candidat	tes. If contributor is self-employe	d, the occupation and 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	
\$ 345.00	

Total Expenditures This Event
0.00

Page Total \$

name of the individual's business, if any, rather than employer should be listed. If two or more employees aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]