



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

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

| | | | | |
|---|---|-------------------|-----------------------------------|------------------|
| Full Name of Committee Committee to Elect Aileen Wagner | | | | |
| Full Name of Contributor Peg Watkins | | | Registration Number, if PAC | |
| Street Address 232 N. Sandusky St. | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 05/22/2019 | Amount 50.00 |
| City Delaware | State OH | Zip Code 43015 | Form (Cash, Check, Etc) online | |
| Full Name of Contributor Joydeep Gupta | | | Registration Number, if PAC | |
| Street Address 233 Coal Bend | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 05/22/2019 | Amount 100.00 |
| City Delaware | State OH | Zip Code 43015 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Zachary Nickels | | | Registration Number, if PAC | |
| Street Address 381 Flour Ct | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 05/22/2019 | Amount 50.00 |
| City Westerville | State OH | Zip Code 43082 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Chris Aultman | | | Registration Number, if PAC | |
| Street Address 68 E. Broadway | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 05/21/2019 | Amount 50.00 |
| City Westerville | State OH | Zip Code 43081 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Craig Young | | | Registration Number, if PAC | |
| Street Address 765 Collingwood Dr | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 05/22/2019 | Amount 50.00 |
| City Westerville | State OH | Zip Code 43082 | 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 \$ 300.00