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

Form 31-E

					R.C. 3517.10(B)
Full Name of Committee			- <del>-</del>		
Friends of Eddie Pauline					
Full Name of Contributor			Registration Number, if PAC		
Elizabeth Moses					
Street Address	Empl	oyer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
6878 Alloway St. W.				10/08/2019	\$50
City	<del></del>	State	Zip Code	Form (Cash, Check, Etc	
Worthington		он	43085	Check	
Full Name of Contributor			<del></del>	Registration Number, if PAC	<b>C</b> F1 ( )
Brenda Fitch					
Street Address	Empl	oyer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
885 Robbins Way	}			10/08/2019	\$50
City		State	Zip Code	Form (Cash, Check, Etc	
Worthington		он	43085	Check	
Full Name of Contributor				Registration Number, if PAC	
Thomas Carter					i
Street Address	Emp	loyer/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
2178 Castle Crest Dr.	Rea	Real Estate Development Advise		10/08/2019	\$200
City		State	Zip Code	Form (Cash, Check, Etc	
Worthington		ОН	43085	Check	
Full Name of Contributor			Registration Number, if PAC		
David Williams					
Street Address	Emp	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
878 Cambridge Ct	The	The Ohio State University; Prof.		10/08/2019	\$250
City		State	Zip Code	Form (Cash, Check, Etc	
Worthington		ОН	43085	Check	
Full Name of Contributor		<del></del>		Registration Number, if PAC	
Street Address	Emp	loyer/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City		State	Zip Code	Form (Cash, Check, Etc	
* Required for contributions from individuals o	ver \$100 to sta	tewide and (	Seneral Assembly candida	ates. If contributor is self-employe	ed, 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
\$550	

Total Expenditures This Event
\$0

F	age Total \$ <sup>\$550</sup>

<sup>\*</sup> 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)]