



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 Richard D. Brown			Registration Number, if PAC	
Street Address 7559 Bruns Court	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 100.00
City Canal Winchester	State OH <input type="checkbox"/>	Zip Code 43110	Form (Cash, Check, Etc) Check	
Full Name of Contributor Tracy A. Shook			Registration Number, if PAC	
Street Address 136 Siera Drive	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 100.00
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael E. Sexton			Registration Number, if PAC	
Street Address 984 Highland St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 100.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Form (Cash, Check, Etc) Check	
Full Name of Contributor Katherine M. Chipps			Registration Number, if PAC	
Street Address 4086 Fitzpatrick Blvd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 100.00
City Canal Winchester	State OH <input type="checkbox"/>	Zip Code 43110	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kristin J. Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 2/21/2019	Amount 100.00
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	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 \$ 500.00