



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

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

<b>Full Name of Committee</b> <i>Friends of Sharon Whitten (Fundraiser Shades) 10/16/17</i>				
<b>Full Name of Contributor</b> <i>Maryann Wildine</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>4495 Katherine Dr</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> <i>10/16/17</i>
<b>City</b> <i>Columbus</i>		<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>43232</i>	<b>Amount</b> <i>25<sup>00</sup></i>
<b>Form (Cash, Check, Etc)</b> <i>Check</i>				
<b>Full Name of Contributor</b> <i>Rick Brown</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>1559 Brund Ct.</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> <i>10/16/17</i>
<b>City</b> <i>Canal Winchester</i>		<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>43110</i>	<b>Amount</b> <i>50<sup>00</sup></i>
<b>Form (Cash, Check, Etc)</b> <i>Check</i>				
<b>Full Name of Contributor</b> <i>Ginger Beck</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>5545 Harriet St.</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> <i>10/16/17</i>
<b>City</b> <i>Groveport OH</i>		<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>43125</i>	<b>Amount</b> <i>25<sup>00</sup></i>
<b>Form (Cash, Check, Etc)</b> <i>Check</i>				
<b>Full Name of Contributor</b> <i>Madelani Dickerson</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>7893 Windsor Ave</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> <i>10/16/17</i>
<b>City</b> <i>Canal Winchester</i>		<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>43110</i>	<b>Amount</b> <i>25<sup>00</sup></i>
<b>Form (Cash, Check, Etc)</b> <i>Check</i>				
<b>Full Name of Contributor</b> <i>Robyn Lynck</i>			<b>Registration Number, if PAC</b>	
<b>Street Address</b> <i>6665 Dietz Dr.</i>		<b>Employer/Occupation/Labor Organization*</b>		<b>Date (MM/DD/YYYY)</b> <i>10/16/17</i>
<b>City</b> <i>Canal Winchester</i>		<b>State</b> <i>OH</i>	<b>Zip Code</b> <i>43110</i>	<b>Amount</b> <i>50</i>
<b>Form (Cash, Check, Etc)</b> <i>Check</i>				

\* 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  
*275<sup>00</sup>*

Total Expenditures This Event  
*67<sup>00</sup> Check*  
*30 Cash*  
*107*

Page Total \$ *175<sup>00</sup>*