



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

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

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Michael and Jordan Bain			Registration Number, if PAC	
Street Address 2524 Northwest Blvd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$200.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Stephen Porterfield			Registration Number, if PAC	
Street Address 2079 Ellington Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Larry Wolpert			Registration Number, if PAC	
Street Address 2592 Canterbury Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$250.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Dodge			Registration Number, if PAC	
Street Address 2751 Brandon Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$250.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Brandan King			Registration Number, if PAC	
Street Address 2576 Coventry Road	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06/08/2017	Amount \$250.00
City Upper Arlington	State OH	Zip Code 43221	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
\$4,920.00

Total Expenditures This Event
\$441.60

Page Total \$ **1,000.00**