



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 Michael D. Shaw			Registration Number, if PAC	
Street Address 1856 Canvasback Ln	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 25.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Stephen Steinberg			Registration Number, if PAC	
Street Address 4008 The Old Poste Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 50.00
City Columbus	State OH <input type="checkbox"/>	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Alisson J. Lippman			Registration Number, if PAC	
Street Address 136 N. Remington Rd.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 50.00
City Bexley	State OH <input type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Darren C. Leist			Registration Number, if PAC	
Street Address 7956 Birch Creek Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 100.00
City Blacklick	State OH <input type="checkbox"/>	Zip Code 43004	Form (Cash, Check, Etc) Check	
Full Name of Contributor James H. Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 6/27/2019	Amount 50.00
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 \$ 275.00