31-E R.C. 3517.10(B)



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Event Date	9	18/0	
Page	2	2 1	

Statement of Contributions Received at a Social or Fundraising Event

CALCOTTO	Prescribed by Sec	retary of State 3/05		-		
Name of Committee in Full Welles Jon	School	ol Board Co				operation .
adina Kelletiei			Registra	Tion Avn	iber, if P	AC
3300 Grookbank Dr.	Employer/Occupa	mana Horay	М	D	Y	Amount 50.00
Love City	O h.	Zip Code 43123	Form(C	ash(Checi	k,ejc)	
Matthew S. Baldwin			Registra	tion Nun	ber, if PA	AC
113 Kall Ave	Employer/Occupa	Administrator	M O 9	D / 18	07	Amount 25
Calvaba/	State O H	Zip Code 43203	ch	ecK	i i Longi	
Kenneth w. Fultz			Registra	<u>/A</u>	ber, if PA	AC
1410 5. GM St.	Caty	of Gahanna	o 9	18	0 ^Y 7	Amount 50.00
Colombus	OH State	Zip Code 43207	U	008	3	
full Name of Southburgh Samb					ber, if P	AC
Treet Address 16 & Southwood	Employer/Occup	tion/Labor Organication*	M 9	D 2	OF	Amount 40 00
De Columbus	State	Zip Code 43204	Form(C	ash,Chec	k,etc)	
ull Name of Contributor Mark Grune			Registra	tion Nun	ber, if P	AC .
itreet Address 3 kG ED es Llum Au	Employer/Occupa	Emplyed,	0 9	/ 	ď	Amount / U
ity Culv at	State .	Zip Code	Form(C	ash,Chec	k,etc)	
ull Name of Contributor			Registra	tion Nun	ber, if PA	AC
treet Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount
city	State	Zip Code	Form(C	ash,Chec	k,etc)	to the first the first of the f
ull Name of Contributor		1	Registra	tion Nun	ber, if P	AC
treet Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount
Dity	State	Zip Code	Form(C	ash,Chec	k,etc)	
	 	<u> </u>				
	Ame of Contributor Welster Wiles Jon Work Address 3300 Brookbank Dr. Dity Whore City Will Name of Contributor Mathew S. Balcain treet Address If a los - Comst. Well Name of Contributor Well Name of Contributor Wall Name of Contributor Treet Address Wall Name of Contributor Treet Address	The Address Employer/Occuping State Office Occuping State Occuping	Il Name of Contributor Treet Address Is State Sport Code Off Sport Cod	Amped Contributor West Jacobs Pookbank D. Employer/Occupation/Labor Organization* West Jacobs Prompto State Zip Code Pormic State Zip Code OH Jacobs Pormic OH Jacobs Pormic State Zip Code OH Jacobs Pormic State Zip Code OH Jacobs Pormic OH Jacobs	Tamped Countributes in Full Velo Weles To School Board Commutation Williams of Contributes Pellottee Employer Occupation/Labor Organization* M D D Stafe Zip Code Form (Cash, Check State Address Porm (Cash, Check State Porm (Cash,	Treet Address Address Columbus Contributor Contri

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 \$ 0.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]