



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

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

Full Name of Committee <u>Schottke for GC</u>				
Full Name of Contributor <u>Michael Lindern</u>			Registration Number, if PAC	
Street Address <u>5300 Meadow Grove Dr.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>06/24/2019</u> Amount <u>150.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Michael Turner</u>			Registration Number, if PAC	
Street Address <u>5941 Sapphire Ct.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>06/24/2019</u> Amount <u>150.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Citizens for Kunze</u>			Registration Number, if PAC	
Street Address <u>865 Macon Valley</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>06/24/2019</u> Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>James Hales</u>			Registration Number, if PAC	
Street Address <u>4215 Arbutus Ave.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>06/27/2019</u> Amount <u>25.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Debbie Camp</u>			Registration Number, if PAC	
Street Address <u>1326 Ironwood Dr.</u>		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>06/28/2019</u> Amount <u>50.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, Etc) <u>check</u>	

\* 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 \$ 525.00