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Event Date	27/	17	Page

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

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee ,	_			
Schottke G	γ			
JOHOVER (3)			<u>,</u>	
Full Name of Contributor			Registration Number, if PAC	
BJ KOACh				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3980 BROADWAY			06/04/2019	150.00
City	State	Zip Code	Form (Cash, Check, Etc	
GROVE CITY	240	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Waush Law LL	C			
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address Columbus St.			6/10/19	50.00
City	State	Zip Code	Form (Cash, Check, Etc	
Grove City	Ø.H.	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Chris Roach RE Estate LLC				
Street Address		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3982 Broadway			6/11/19	150.00
City	State	Zip Code	Form (Cash, Check, Etc	
	1	1 40	1 - 1	
GroveCity	OH	43123	Check	
Goove City Full Name of Contributor	OH	43125	Check Registration Number, if PAC	
Full Name of Contributor	JR	43125		
		tion/Labor Organization*		Amount / 50.00
Full Name of Contributor Charbes W, Boso Street Address		ion/Labor Organization*	Registration Number, if PAC	Amount /50.00
Full Name of Contributor Charles W. Boso			Registration Number, if PAC Date (MM/DD/YYYY)	Amount /50.00
Full Name of Contributor Charbes W, Boso Street Address	Employer/Occupat	ion/Labor Organization*	Registration Number, if PAC Date (MM/DD/YYYY) 06/1-3/2017	Amount /50.00
Full Name of Contributor Charles W, Boso Street Address 4416 BRyston Rd. City City Full Name of Contributor	State	ion/Labor Organization*	Registration Number, if PAC Date (MM/DD/YYYY) OG/1-3/2017 Form (Cash, Check, Etc	Amount /50.00
Full Name of Contributor Charbes W, Boso Street Address 4416 BRyston Rd. City Grove City	State	ion/Labor Organization*	Registration Number, if PAC Date (MM/DD/YYYY) 06/1-3/2017 Form (Cash, Check, Etc. Check	Amount 150.00
Full Name of Contributor Charles W, Boso Street Address 4416 Bryston Rd. City Corove City Full Name of Contributor	State 6 AF	ion/Labor Organization*	Registration Number, if PAC Date (MM/DD/YYYY) 06/1-3/2017 Form (Cash, Check, Etc. Check	Amount /50.00
Full Name of Contributor Charbes W, Boso Street Address 4416 Bryston Rd. City Grove City Full Name of Contributor Ronald Eberha	State 6 AF	ion/Labor Organization* Zip Code 43/23	Registration Number, if PAC Date (MM/DD/YYYY) OG/1-3/2017 Form (Cash, Check, Etc. Check Registration Number, if PAC	150
Full Name of Contributor Charles W, Boso Street Address 4416 Bryston Rd. City Grove City Full Name of Contributor Ronald Eberha Street Address	State 6 AF	ion/Labor Organization* Zip Code 43/23	Registration Number, if PAC Date (MM/DD/YYYY) OG/13/2017 Form (Cash, Check, Etc Check Registration Number, if PAC	Amount
Full Name of Contributor Charles W. Boso Street Address 4416 Bryston Rd. City Grove City Full Name of Contributor Ronald Eberha Street Address 1533 Eber Lea Vista	State BAE Employer/Occupat	zip Code 43/23 tion/Labor Organization*	Registration Number, if PAC Date (MM/DD/YYYY) OG/13/2017 Form (Cash, Check, Etc Check Registration Number, if PAC Date (MM/DD/YYYY) OG/24/2019	Amount

* 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



