



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

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

Full Name of Committee Committee to elect JARVIS AS Mayor				
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC —	
Street Address —	Employer/Occupation/Labor Organization* N/A		Date (MM/DD/YYYY) 04/30/19	Amount 630.00
City —	State —	Zip Code —	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Patrick H. Martin			Registration Number, if PAC —	
Street Address 17801 Meadowlark S Ln	Employer/Occupation/Labor Organization* Flight crew		Date (MM/DD/YYYY) 04/30/19	Amount 50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) Check	
Full Name of Contributor Marilyn Rush-Ekelberry			Registration Number, if PAC —	
Street Address 124 Beaty Ct.	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 04/27/19	Amount 40.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mark R. Caulk			Registration Number, if PAC —	
Street Address 40 E. Waterloo St.	Employer/Occupation/Labor Organization* Project Mgr.		Date (MM/DD/YYYY) 04/30/19	Amount 100.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, Etc) Check	
Full Name of Contributor Edward Dildine			Registration Number, if PAC —	
Street Address 4495 Katherine Dr.	Employer/Occupation/Labor Organization* Township Trustee		Date (MM/DD/YYYY) 04/30/19	Amount 100.00
City Columbus	State OH	Zip Code 43232	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 \$ **920.00**