

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

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee			•	
Compten to Elect L	oni Then	*		
Full Name of Contributor			Registration Number, if PAC	
Debornh Olen Stype				
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
2232 TREMONT ROPE			9/19/19	\$200
City	State	Zip Code	Form (Cash, Check, Etc	
Cohbus	074	43221	Chech	Pos
Full Name of Contributor			Registration Number, if PAC	
ANGELA Elvers				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2193 W. Lans Avenue			9/18/18	9200°
City	State	Zip Code	Form (Cash, Check, Etc	
Cohbus	OH	43221	Chedr	
Full Name of Contributor			Registration Number, if PAC	
Elizabeth Yasseroff				
Street Address	Employer/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2012 Tremont Rous			9/19/19	\$250°
City	State	Zip Code	Form (Cash, Check, Etc	1.75 m
Cours	OU	43221	Ohek	N/A
Full Name of Contributor			Registration Number, if PAC	
John Elm				
Street Address	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4326 Lyon Drive			9/18/19	0250,2
City	State	Zip Code	Form (Cash, Check, Etc	
Coybus	ØH_	43 <b>3</b> 20	Chal	
Full Name of Contributor	,	\	Registration Number, if PAC	
Ph. 1 8 day To Villando Street Address 4525 Harber Borkumo	, (50/	sv)		
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
4525 Harber Bookumo			9/19/14	4/2017
City	State	Zip Code	Form (Cash, Check, Etc	
Colisis	OH	43232	CASA	
* Required for contributions from individuals over \$100	to statewide and Ge	eneral Assembly candida	tes. If contributor is self-employ	yed, the occupation and the

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
62 Able 12

-	Total Expenditures This Event
	- 0-

Page Total \$ 1,000	Page Total \$	1,000.9
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name of the individual's business, if any, rather than employer should be listed. If two or more employees continuite 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)]