

vent Date	08/16/2019	

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

Form 31-E

R.C. 3517.10(B)

Full Name of Contributor			Registration Number, if PAC	
Beryl Piccolantonio				
Employer/Occupation/Labor Organization*		tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			08/16/2019	150.00
	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43230	check	
		L	Registration Number, if PAC	A SCHOOL OF THE STATE OF THE STA
Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			08/16/2019	100.00
	State	Zip Code	Form (Cash, Check, Etc	
	NY	10038	check	
		<del></del>	Registration Number, if PAC	
Employer	oloyer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			08/16/2019	50.00
	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43214	check	
Full Name of Contributor			Registration Number, if PAC	100 T
				,
Employer	ployer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
			08/16/2019	50.00
	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43026	PayPal	
Full Name of Contributor			Registration Number, if PAC	
AJ Casey				
Street Address Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
			08/20/2019	100.00
<u></u>	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43203	PayPal	
	Employe	Employer/Occupat  State NY  Employer/Occupat  State OH  Employer/Occupat  State OH  State OH	Employer/Occupation/Labor Organization*    State	Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc Check    Registration Number, if PAC  Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc Check    Registration Number, if PAC  State   Zip Code   Form (Cash, Check, Etc Check    Registration Number, if PAC  Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc Check    Registration Number, if PAC  Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc Check    Registration Number, if PAC  Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc PayPal    Registration Number, if PAC  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Employer/Occupation/Labor Organization*  State   Zip Code   Form (Cash, Check, Etc PayPal    Registration Number, if PAC  Employer/Occupation/Labor Organization*  Date (MM/DD/YYYY)    08/20/2019

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

lotal	Contributions	This	Event

Total	Expenditures	This	Event

Page Total \$_450.00	
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<sup>\*</sup> 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)]