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Event Date	10/02/2019	Page I

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

Form 31-E

Full Name of Committee Friends for Amy Lloyd  Full Name of Contributor Joseph Patchen  Street Address 491 Greenglade Ave  City Worthington  Full Name of Contributor  Katherine Weyrauch  Street Address 308 Loveman Ave  City Worthington  Full Name of Contributor  Katherine Weyrauch  City  State  Employer/Occupation/Labor Organization* OH  43085  Full Name of Contributor  Katherine Weyrauch  Form (Cash. Check, Etc Check #6305  Registration Number, if PAC n/a  Street Address 308 Loveman Ave  City Worthington  State  State  Cip Code A3085  Full Name of Contributor  Katherine Weyrauch  Street Address 308 Loveman Ave  City Worthington  State  Cip Code A3085  Check #856	Amount 50.00
Full Name of Contributor  Joseph Patchen  Street Address  491 Greenglade Ave  City  Worthington  Full Name of Contributor  Katherine Weyrauch  Street Address  Street Address  Employer/Occupation/Labor Organization*  OH 43085  Check #6305  Registration Number, if PAC  OH 43085  Check #6305  Registration Number, if PAC  OH 43085  Check #6305  Registration Number, if PAC  OH A3085  Check #6305  Check #6305  Street Address  Street Address  308 Loveman Ave  State  State  Zip Code  Form (Cash, Check, Etc  OH 10/02/2019	
Street Address 491 Greenglade Ave  City Worthington  Full Name of Contributor Katherine Weyrauch  Street Address 308 Loveman Ave  Employer/Occupation/Labor Organization*  Date (MM/DD/YYYY) 10/02/2019  State Zip Code OH 43085  Check #6305  Registration Number, if PAC n/a  Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) 10/02/2019	
Street Address 491 Greenglade Ave  City Worthington  State Vorthington  State City Worthington  State City Worthington  OH  43085  Check #6305  Registration Number, if PAC n/a  Street Address Street Address Street Address Street Address Street Address State City  State City  State City  State City  State City  Code Form (Cash, Check, Etc Check #6305  Registration Number, if PAC n/a  Street Address City  State City  City  City  City  Code Form (Cash, Check, Etc Check, Etc Check Form (Cash, Check, Etc Check, Etc Check, Etc Check Check, Etc Check,	
491 Greenglade Ave  City  Worthington  State  OH  43085  Check #6305  Full Name of Contributor  Katherine Weyrauch  Street Address  308 Loveman Ave  City  State  State  Zip Code  Form (Cash, Check, Etc  Check #6305  Registration Number, if PAC  n/a  Employer/Occupation/Labor Organization*  Date (MM/DD/YYYY)  10/02/2019  City  State  Zip Code  Form (Cash, Check, Etc	50.00
Worthington  OH 43085  Check #6305  Registration Number, if PAC n/a  Street Address 308 Loveman Ave  Employer/Occupation/Labor Organization*  OH 23085  Check #6305  Registration Number, if PAC n/a  10/02/2019  State Zip Code Form (Cash, Check, Etc	
Worthington  OH 43085  Check #6305  Full Name of Contributor Katherine Weyrauch  Street Address 308 Loveman Ave  Employer/Occupation/Labor Organization*  State Zip Code Form (Cash, Check, Etc	
Katherine Weyrauch  Street Address 308 Loveman Ave  Employer/Occupation/Labor Organization* 10/02/2019  City  State Zip Code Form (Cash, Check, Etc	ASSESSED AND AND AND AND AND AND AND AND AND AN
Street Address  Street Address  308 Loveman Ave  Employer/Occupation/Labor Organization*  Date (MM/DD/YYYY)  10/02/2019  City  State Zip Code Form (Cash, Check, Etc	
308 Loveman Ave 10/02/2019  City State Zip Code Form (Cash, Check, Etc	
City State Zip Code Form (Cash, Check, Etc	Amount
C) 1 #050	100.00
Worthington OH 43085 Check #856	
Full Name of Contributor Registration Number, if PAC	Construction of the Constr
Contributors of \$25 or less	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)	Amount
10/02/2019	25.00
City State Zip Code Form (Cash, Check, Etc	
ОН Cash	
Full Name of Contributor Registration Number, if PAC	
Kevin Cunningham n/a	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)	Amount
192 Greenglade Ave 10/02/2019	60.00
City State Zip Code Form (Cash, Check, Etc	
Worthigton OH 43085 Cash	
Full Name of Contributor Registration Number, if PAC	
Contributors of \$25 or less	
Street Address Employer/Occupation/Labor Organization* Date (MM/DD/YYYY)	Amount
10/02/2019	
City State Zip Code Form (Cash. Check, Etc	25.00
OH Online Donation	25.00

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
260.00		

**Total Expenditures This Event** 0.00

Page Total \$260.00
Page Total \$200.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor 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)]