31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 5/6/15	
Page 5	

· · · · ·	I S I S I S I S I S I S I S I S I S I S
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
	0 5 0 6 1 5 \$20.00
State Zip Code	Form (Cash, Check, etc.)
OH 43081	cash
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form (Cash, Check, etc.)
ОН	
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form (Cash, Check, etc.)
OH	
Full Name of Contributor	
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code	Form (Cash, Check, etc.)
7 011	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M. D Y Amount
Stal te Zip Code OH	Form (Cash, Check, etc.)
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M. D Y Amount
Stal te Zip Code OH	Form (Cash, Check, etc.)
	Registration Number, if PAC
Employer/Occupation/Labor Organization*	M D Y Amount
State Zip Code OH	Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization* Staje Zip Code Code Zip Code

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		
\$2,075.00		

Total expenditures this event.

1	
\$738.53	
and the second s	

Page Total \$	\$20.00

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)]