word Received at a Social or Fund-Raising Ever Statement of Contribu The State twick should a no ben sat a Social or Fund-Raiking Prist Office's standard two-letter appreciation. For exempte, specific date. It is not uncoromon for activity from one event to Othe yearth appear as OAL comitorica asiab shi ecusasa treasi ano nati sagra ni ec The Date slock should be completed with six digits.

	time of many management	new W	Towns Table A Cha.	K.U. 311.10(8)	
Fid! Name of Committee mont be deaded not	fusinimos A	10 1864	event was held should app	The date that the r	
CHOIZENS FOR KIN	n Moona	A	ej <b>s</b> C inavä beladu <b>e</b> g	the line of the top of the pa	
	- May Ge	<i>I.U</i>	and the first sections		
Full Name of Constitutor	ed min noticited	whether reg	IC SECULIARIO NATION TO LANGE	everything received and	
on of the Dewittens	tribulion was re	or similar con		edi niddiw reedoga <b>taum h</b>	
Street Address	Employer/Occups	**************************************	· · · · · · · · · · · · · · · · · · ·	an ad ton blands seriingin	
	, loan	California Control	Principal Personal Total		
xoold Stringthood and amount	Kett	red	08-28-2019	sa inspector of the property in	
ciy mananik gamandan kanbiyih da bekara	State	Zip Code	Form Cash, Check, Elc.		
to its self-employed the hards which	Aul	49213	neivininos lis lo tell bezin	6 / 19 - 1	
The state of the s		17940			
Full Name of Communication	d blueds, sevelob	inte voluti	Registration Number, if PAC	rin zeitisa lizaliilo <sup>a</sup>	
	tidaco con kodd			2000/05565	
A CONTROL OF THE PARTY AND ADDRESS OF THE PARTY OF THE PA	eriene en veloteriere	terror contractor	tere se mus should so en	M pholia mianell	
Street Address of the support at resonand or	Employario 94	HoryLabor Otganization	Dest (MADDIVAN) 540	on Amount environ The estate	
condition of the condition of the conditions	18 18V ac	Whitehall	18 28-2019	om nou <b>g og jæo</b> onudnings	
the fo <b>lk of the property of World More than</b> the <b>CRO</b>	State	Zip Code	Form (Cash, Check)Etc	ina') To insmatche imposer	
es as Officeholders Employ form to exhalf					
Whitehall	<i>U#</i> 3	43210	to may not be combined.		
Full Name of Contributor	rom esti astimatic	Evern oun	Parademation National, & PAC	Contributions Received at	
The article decide discount research in many in discount discounts	voj esetsparan, ta	ereze arenville Pristê		torm and Statement of Exp	
Wesley Kentor	I hadisən maikariya	entro		med inau2 onicie5 hou?	
Street Address grandogen and galauto haeve habit	Employer/Occupi	ijon/Labor Organizatio	F ROMERAMADDOSSESSO		
1000 and 408 2 Elbern Ave	Kethnea	A) STEP IT	10-22-2019	50,000	
OB.	ale to many and bull	Zio Code	Form (Cash, Chesk) Etc.	n hosimet ed ni even kun	
-A) along with the date of the event. The	λΩ <del>L</del>	110112	mes nodos are any secos a		
Whitehal has a later on the	Choos Ku		is no way to determine h		
Full Name of Contributor			Registration Number, if PAG	icket price (R.C. 3517,100	
				iyaa . 1 1 100 . w. / tj. tilotog 1000.01	
		The table areas and the second	, , , , , , , , , , , , , , , , , , , ,		
Street Address	Employer/Occupa	ition/Labor Organization	Date (MM/DD/YYYY)	Amount	
O			1		
City	26868	Zip Code	Form (Cash, Check, Etc		
		e e	·		
Full Name of Contributor			Recistration Number of PAC	Registration Number, if PAC	
Street Address	Employer/Occupa	ition/Labor Organization	Date (MM/DD/YYYY)	Amount	
•		•			
		· · · · · · · · · · · · · · · · · · ·			
City	State	Zip Code	Form (Cash, Check, Etc		
Required for contributions from individuals over \$100	to statewide and G	eneral Assembly candid	lates. If contributor is self-emplo	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** 

Total Expenditures This Event

Page Total \$ 450,00

name of the individual's business, if any, rather than employer should be fisted. 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)]