

Event Date <u>07-09-19</u> Page <u>5</u>

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

Form 31-E

				R.C. 3517.10(B)
Full Name of Committee				
Re-Clest Mike	Ebert			
			Registration Number, if PAC	
Nancy Shirm Wright Trust Street Address Employer/Occupation/Labor Organization*				
52 551.135.555	Employer/Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount 00
12 N. High St Canal Windeste		· · · · · · · · · · · · · · · · · · ·	07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windeste	OH	43110	Check	
Full Name of Contributor			Registration Number, if PAC	
Marily Lo Schia VO Street Address Employer/Occupation/Labor Organization*				
	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount 00
6191 Fairway Lane			07-09-19	30
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windleste	0+1	43110	Cleck	
Full Name of Contributor			Registration Number, if PAC	
Charles Corpenter				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount 🕠
Street Address 4394 Church ill Dr. City			07-09-19	50
	State	Zip Code	Form (Cash, Check, Etc	
Marion	IA	52302	Check	
Full Name of Contributor			Registration Number, if PAC	
C.A Lloyd				
Street Address	Employer/Occupa	tion/Labor Organization*		Amount
129 Beatly Ct			07-09-19	30
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windleste	OH	43110	Cleck	
Full Name of Contributor			Registration Number, if PAC	
Dwayne R. Spence				
Street Address	Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount or
1255 Me asant Run			07-09-19	50
City	State	Zip Code	Form (Cash, Check, Etc	
Canal Windester	OH	43110	Cleek	
* Required for contributions from individuals over \$100 to page of the individuals business if any rather than ex-				

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 No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$

aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]