



9/24/17

Page 6

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

Form 31-E
R.C. 3517.10(B)

| | | | | |
|---|--|--------------------------|---|-------------------------|
| Full Name of Committee Citizens for Larry Jenkins | | | | |
| Full Name of Contributor Jared E. Goodsite | | | Registration Number, if PAC | |
| Street Address 423 Landings Loop W | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/24/2017 | Amount 50.00 |
| City Westerville | State OH | Zip Code 43082 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor Dennis A Blair | | | Registration Number, if PAC | |
| Street Address 653 McCorkle Blvd, Ste L | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 09/24/2017 | Amount 100.00 |
| City Westerville | State OH | Zip Code 43082 | Form (Cash, Check, Etc) check | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | Zip Code | Form (Cash, Check, Etc) | |

* 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)]

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
\$420.00

Total Expenditures This Event
\$0.00

Page Total \$ **150.00**