

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

Full Name of Committee			
Aultman to Johals			
Full Name of Contributor		Registration Number, if PAC	
r			
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
į		06/13/2019	\$ 100.00
State	Zip Code	Form (Cash, Check, Etc	
OH	43081	Cash	ter en
Full Name of Contributor		Registration Number, if PAC	
Bein Weinhardt			
Employer/Occupa	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount 196 m
		06/13/2019	A STATE OF THE STA
State	Zip Code	Form (Cash, Check, Etc	
OH	43081	Chek	
		Registration Number, if PAC	
Mary Lightbody Street Address Employer/Occupation/Labor Organization* 4948 E. Walnut Str		Date (MM/DD/YYYY)	Amount
		06/13/2019	\$50.00
State	Zip Code	Form (Cash, Check, Etc	
OH	43081	Check	
Full Name of Contributor		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
		D6/13/2019	\$50,00
State	Zip Code	Form (Cash, Check, Etc	
DH	43081	Check	
Full Name of Contributor		Registration Number, if PAC	
Makayla Sampson			
/ Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
		06/13/2019	\$50,00
State	Zip Code	Form (Cash, Check, Etc	
OH	43081	Check	
	Employer/Occupa State OH Employer/Occupa State OH State OH State OH State OH Employer/Occupa	Employer/Occupation/Labor Organization* State Zip Code H 43581 Employer/Occupation/Labor Organization* State Zip Code OH 43581 Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Cash Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Cash Registration Number, if PAC Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check PAS) Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC SM Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC Sm Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Discreption Number, if PAC Form (Cash, Check, Etc Chec

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 \$

^{*} 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)]