



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

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

Full Name of Committee Friends of Sarah Ackman				
Full Name of Contributor Jenna Murry			Registration Number, if PAC	
Street Address 514 Northview Dr.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019 Amount \$100.00
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Angie Canepa			Registration Number, if PAC	
Street Address 245 Brevoort Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019 Amount \$60.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43214	Form (Cash, Check, Etc) Check	
Full Name of Contributor Nancy Bucci			Registration Number, if PAC	
Street Address 110 E. Kossuth St.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019 Amount \$35.00
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43206	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Rebecca Rayner			Registration Number, if PAC	
Street Address 854 Euclaire		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019 Amount \$50.00
City Bexley	State OH <input checked="" type="checkbox"/>	Zip Code 43209	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Shanda Behrens			Registration Number, if PAC	
Street Address 8383 Marcy Rd.		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/12/2019 Amount \$50.00
City Ashville	State OH <input checked="" type="checkbox"/>	Zip Code 43103	Form (Cash, Check, Etc) Check	

* 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

Total Expenditures This Event

Page Total \$ **295.00**