



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 Paul Dorothy				
Full Name of Contributor Joseph M Patchen			Registration Number, if PAC	
Street Address 491 Greenglade Ave	Employer/Occupation/Labor Organization* Lawyer		Date (MM/DD/YYYY) 10/23/2019	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Check	
Full Name of Contributor John L Haueusen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 10/23/2019	Amount \$40.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Check	
Full Name of Contributor Steffanie A Haueisen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 10/23/2019	Amount \$40.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jodi Barnhill			Registration Number, if PAC	
Street Address 175 Kenbrook Dr	Employer/Occupation/Labor Organization* Mercury Design/Graphic Artist		Date (MM/DD/YYYY) 10/23/2019	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Check	
Full Name of Contributor Alan Miroslaw			Registration Number, if PAC	
Street Address 471 Colonial Ave	Employer/Occupation/Labor Organization* Spectrum/Manager		Date (MM/DD/YYYY) 10/23/2019	Amount \$10.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Cash	

* 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
\$530.00

Total Expenditures This Event
\$128.06

Page Total \$ 240.00