



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

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

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|--|---|--|-----------------|
| Full Name of Committee | | | İ |
| Schottke for | 5C | | |
| Full Name of Contributor | | Registration Number, if PAC | |
| Donald Plank | | · | |
| Street Address | Employer/Occupation/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 1524 Northam Rd. | | 06/30/2018 | 200.00 |
| | State Zip Code | Form (Cash, Check, Etc | |
| Columbus, Ohio Full Name of Contributor | OH 43221 | Check | |
| Full Name of Contributor | | Registration Number, if PAC | |
| WAUGH LAW LLC | | | |
| Street Address | Employer/Occupation/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 3083 Columbus St. | | 06/30/2018 | 100.00 |
| City . | State Zip Code | Form (Cash, Check, Etc | |
| GROVE Cirs | OH 43123 | Check | |
| Full Name of Contributor | | Registration Number, if PAC | |
| Wright Graphic Design Street Address Employer/Occupation/Labor Organization* | | | |
| | Employer/Occupation/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 6290 Seeds Rd. | | 06/30/2018 | 100.00 |
| City | State Zip Code | Form (Cash, Check, Etc | |
| GROVE CITY | OH 43/23 | Check | |
| Full Name of Contributor | | Registration Number, if PAC | |
| Denise Brumbusch | | | |
| Street Address | Employer/Occupation/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| 1854 0= Age Ct. | | 06/30/2018 | 25.00 |
| City | State Zip Code | Form (Cash, Check, Etc | |
| Gaove Ciry | OH 43/22 | Check | _ |
| Full Name of Contributor | | Registration Number, if PAC | |
| | | 1 | |
| Scott Mc Comb | | | |
| Scott Mc Comb | Employer/Occupation/Labor Organization* | Date (MM/DD/YYYY) | Amount |
| Street Address 1/341 Oxbow Dn. | Employer/Occupation/Labor Organization* | 06/30/2019 | Amount (00.00 |
| 1/641 Uxbow Dr. | Employer/Occupation/Labor Organization* State Zip Code | 06/30/2019 Form (Cash, Check, Etc | 1 |
| Scott McComb Street Address 1641 Oxbow Dn. City Black lick * Required for contributions from individuals over \$100 | State Zip Code 43 0 0 4 | O6/30/2019 Form (Cash, Check, Etc. Check | 100.00 |

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 2385,00

Total Expenditures This Event 232,86

Page Total \$ 525.00

^{*} 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)]