



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

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

Full Name of Committee				
Full Name of Contributor <u>Pearline Byrd</u>			Registration Number, if PAC	
Street Address <u>4835 Downing Dr</u>	Employer/Occupation/Labor Organization* <u>Nurse Admin</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Yolanda Zepeda</u>			Registration Number, if PAC	
Street Address <u>6685 Cook Road</u>	Employer/Occupation/Labor Organization* <u>Director / OSC</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$125.00</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Gene K Holloway</u>			Registration Number, if PAC	
Street Address <u>1395 Chickasaw Dr</u>	Employer/Occupation/Labor Organization* <u>CEO / Lifeline OH</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$500.00</u>
City <u>London</u>	State <u>OH</u>	Zip Code <u>43140</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor <u>Juan Jose Perez</u>			Registration Number, if PAC	
Street Address <u>8000 Ravines Edge Court</u>	Employer/Occupation/Labor Organization* <u>Attorney</u>		Date (MM/DD/YYYY) <u>04/10/2018</u>	Amount <u>\$500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43235</u>	Form (Cash, Check, Etc) <u>Check</u>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
City	State	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

Total Expenditures This Event

Page Total \$ 1,175