



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 SETH KRAUT				
Full Name of Contributor JANET WAGNER			Registration Number, if PAC	
Street Address 6838 LAKEBROOK BLVD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount \$100.00
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43235	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor ERIC KRAUT			Registration Number, if PAC	
Street Address 257 BRISTOL WAY	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount \$100.00
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor LUCRETIA POLLARD			Registration Number, if PAC	
Street Address 446 HAYMORE AVE N	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount \$50.00
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor KEVIN WERNER			Registration Number, if PAC	
Street Address 6778 BOWERMAN ST E	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount \$250.00
City WORTHINGTON	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) CHECK	
Full Name of Contributor CHRISTY WAGNER			Registration Number, if PAC	
Street Address 6838 LAKEBROOK BLVD	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/10/2019	Amount \$50.00
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43235	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
\$550.00

Total Expenditures This Event
0

Page Total \$ \$550.00