

Event Date 2/28/19 Page 3					
	Event Date	2/28	19	Page_	3

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 Lou	uis Salvati		
full Name of Contributor		Registration Number, if PAC	
75 64h			
Jim Smith	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
92211 Datas II a	1	02/28/2019	# 70.00
8334 Friestleg fr	State Zip Code	02/28/2019 Form (Cash, Check, Etc	
city A 1	04 43068	cash	
Jim Smith Street Address 8334 Priestley D City ReynoldSburg Full Name of Contributor	1,000	Registration Number, if PAC	Countries Contribution from the Contribution of the Contribution o
Full Name of Contributor			
	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
Street Address	Employer/Occupation/Labor Organization	Date (Million)	
	To Code	Form (Cash, Check, Etc	
City	State Zip Code	Tom (Subil, Shoot, 21)	
		Designation Number if PAC	
Full Name of Contributor		Registration Number, if PAC	
			1
Street Address	Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Form (Cash, Check, Etc	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization	Date (MM/DD/YYYY)	Amount
Officer / Madiess	1		
City	State Zip Code	Form (Cash, Check, Etc	
City	-		
		Registration Number, if PAC	
Full Name of Contributor			
	Employer/Occupation/Labor Organization	* Date (MM/DD/YYYY)	Amount
Street Address	Employer/Occupation/Labor Organization	, , , , , , , , , , , , , , , , , , ,	
	State Zip Code	Form (Cash, Check, Etc	
City	State Zip Code	3 (332)	
	<u> </u>		leved, the accupation and the
* Required for contributions from individuals over \$10	00 to statewide and General Assembly candid	dates. If contributor is seif-empl	leduction and exceed the

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 No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total	Expenditures This Event
K	129.61
1 2/	129.61

Page Total \$ 70.

^{*} 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)]