



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 Randy Holt for Grove City Council | | | | |
| Full Name of Contributor Chuck Boso | | | Registration Number, if PAC | |
| Street Address 4416 Bryston | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 | Amount \$150.00 |
| City Grove City | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check 1697 | |
| Full Name of Contributor Connie Thomas | | | Registration Number, if PAC | |
| Street Address 2437 Marthas Wood | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 10/04/2019 | Amount \$50.00 |
| City Grove City | State OH | Zip Code 43123 | Form (Cash, Check, Etc) Check 5361 | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount |
| City | State OH | 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 |
| City | State OH | 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 |
| City | State OH | 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
\$1,369.69

Total Expenditures This Event
0

Page Total \$ \$200.00