

Event Date	10/08/2018	Page 9/

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

Form 31-E

R.C. 3517.10(B)

	<u>'-</u>			
Full Name of Contributor			Registration Number, if PAC	
Employer	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			10/13/2018	400.00
\	State	Zip Code	Form (Cash, Check, Etc	
]	ОН	43221	Check	
			Registration Number, if PAC	
lanner				
Employe	r/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
75 S 3rd St			10/13/2018	500.00
	State	Zip Code	Form (Cash, Check, Etc	
	он	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
			10/18/2018	25.00
	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
			10/18/2018	500.00
	State	Zip Code	Form (Cash, Check, Etc	
	ОН	43054	Check	
Full Name of Contributor		Registration Number, if PAC		
Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
ł 				
	State	Zip Code	Form (Cash, Check, Etc	
	lanner Employe Employe	State OH lanner Employer/Occupat State OH State OH State OH Employer/Occupat	Ianner Employer/Occupation/Labor Organization* State Zip Code OH 43215 Employer/Occupation/Labor Organization* State Zip Code OH 43123 Employer/Occupation/Labor Organization* State Zip Code OH 43054 Employer/Occupation/Labor Organization*	State Zip Code Check CH 43221 Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC Banner Employer/Occupation/Labor Organization* State Zip Code Check Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Check Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code Form (Cash, Check, Etc Check Registration Number, if PAC Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) 10/18/2018 Employer/Occupation/Labor Organization* Date (MM/DD/YYYY) Date (MM/DD/YYYY) Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Date (MM/DD/YYYYY) Date (MM/DD/YYYYY)

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 Th	iis	Event
28,100.00		

	penditures	This	Event
0.00			

Page Total S	1,425.00	

^{*} 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)]