



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 Citizens for Stephen Renner | | | | |
| Full Name of Contributor David Renner | | | Registration Number, if PAC | |
| Street Address 2333 Brandon Road | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/22/2017 | Amount 100.00 |
| City Upper Arlington | State OH | Zip Code 43221 | Form (Cash, Check, Etc) Cash | |
| Full Name of Contributor Denise Nahvi | | | Registration Number, if PAC | |
| Street Address 466 Black Hawk Drive | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/22/2017 | Amount 100.00 |
| City Marysville | State OH | Zip Code 43040 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Thomas R & Rebecca L Kneeland | | | Registration Number, if PAC | |
| Street Address 123 Serran Drive | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/22/2017 | Amount 100.00 |
| City Gahanna | State OH | Zip Code 43230 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor Sara J & James C Mako | | | Registration Number, if PAC | |
| Street Address 771 Quaker Ridge Court | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) 06/22/2017 | Amount 100.00 |
| City Gahanna | State OH | Zip Code 43230 | Form (Cash, Check, Etc) Check | |
| Full Name of Contributor David G & Jane M Crombie | | | Registration Number, if PAC | |
| Street Address 764 Quaker Ridge Court | Employer/Occupation/Labor Organization* | | Date (MM/DD/YYYY) | Amount 100.00 |
| City Gahanna | State OH | Zip Code 43230 | 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

Total Expenditures This Event

Page Total \$