



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> People for Page				
Full Name of Contributor Mina Dioun			Registration Number, if PAC	
Street Address P.O. Box 535		Employer/Occupation/Labor Organization* Interior Designer	Date (MM/DD/YYYY) 09/13/17	Amount 250.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, Etc) check
Full Name of Contributor Jay Shutt			Registration Number, if PAC	
Street Address 475 Landings Loop W		Employer/Occupation/Labor Organization* Vice President	Date (MM/DD/YYYY) 09/13/17	Amount 100.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, Etc) check
Full Name of Contributor Wayne Garland			Registration Number, if PAC	
Street Address P.O. Box 8310		Employer/Occupation/Labor Organization* Buckeye Real Estate	Date (MM/DD/YYYY) 09/13/17	Amount 250.00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, Etc) check
Full Name of Contributor Iron Workers Local Union 172			Registration Number, if PAC	
Street Address 2867 S. High Street		Employer/Occupation/Labor Organization*	Date (MM/DD/YYYY) 09/13/17	Amount 150.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, Etc) check
Full Name of Contributor Vorys Sater Seymour Pease LLP			Registration Number, if PAC OH109	
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization* Law Firm	Date (MM/DD/YYYY) 09/12/17	Amount 500.00
City Columbus		State OH	Zip Code 43215	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  
\$6,400.00

Total Expenditures This Event  
\$886.77

Page Total \$1,250.00