



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

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

Full Name of Committee <u>Comm. Am. to Elmer Long, Treasurer</u>				
Full Name of Contributor <u>D Scott Owens</u>			Registration Number, if PAC	
Street Address <u>2621 LEADS ROAD</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9/19/19</u>	Amount <u>\$50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, Etc) <u>CASH</u>	
Full Name of Contributor <u>DANA BERMAN CHEUNG</u>			Registration Number, if PAC	
Street Address <u>3186 MOUNTVIEW ROAD</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9/19/19</u>	Amount <u>\$75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, Etc) <u>CASH</u>	
Full Name of Contributor <u>DAN HADINGER</u>			Registration Number, if PAC	
Street Address <u>2443 EDWALE RD</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9/19/19</u>	Amount <u>\$25.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, Etc) <u>CASH</u>	
Full Name of Contributor <u>THOMAS STEVE GOOD</u>			Registration Number, if PAC	
Street Address <u>2925 LEADS ROAD</u>	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) <u>9/19/19</u>	Amount <u>\$100.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>	Form (Cash, Check, Etc) <u>CASH</u>	
Full Name of Contributor <u>THOMAS</u>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount <u>\$100.00</u>
City	State <u>OH</u>	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
\$2,106.00

Total Expenditures This Event
0.00

Page Total \$ ~~\$100.00~~ \$250.00