



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> CITIZENS FOR CONISON				
Full Name of Contributor LARRY MORRISON			Registration Number, if PAC	
Street Address 598 ROSS RD.	Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City WHITEHALL	State OH	Zip Code 43213	Date (MM/DD/YYYY) 10/17/2019	Amount 100.00
Full Name of Contributor JUDY HINCKLEY			Registration Number, if PAC	
Street Address 5101 ETNA RD.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WHITEHALL	State OH	Zip Code 43213	Date (MM/DD/YYYY) 11/08/2019	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

\*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)]