OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Stroud for Judge

Full Name of Contributor				Registration Number, if PAC
Lasheyl Stroud				

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
3147 Cannock Lane	Franklin County Court of Common Pleas	Check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43219	12/31/2019	300.00

Full Name of Contributor	Registration Number, if PAC
Lasheyl Stroud	

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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)]

Page Total 600.00