



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Contributor Registration Nur				er, if PAC	
			:		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Perry To	Perry Township, Chief of Police			CASH	
State	Zip Code	Date (MM/DD/YYYY)		Amount	
ОН	43082	03/31/2018		\$40.00	
			Registration Number	er, if PAC	
Employe	r/Occupation/Labor Organization* Form (Cash, C			Form (Cash, Check, etc.)	
Perry To	Perry Town, Chief of Police CHECK				
State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
ОН	43082		10/31/2018	\$200.00	
Registration Number, if PAC				er, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY)		Amount	
ОН					
Full Name of Contributor Regis			Registration Number	egistration Number, if PAC	
Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/D	D/YYYY)	Amount	
ОН					
Registrat		Registration Numb	stration Number, if PAC		
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
ОН					
	Employe Perry To State OH Employe Perry To State OH Employe State OH Employe State OH Employe State OH State OH	Perry Township, Chief of State Zip Code OH 43082 Employer/Occupation/Labor Perry Town, Chief of Polic State Zip Code OH 43082 Employer/Occupation/Labor State Zip Code OH Employer/Occupation/Labor State Zip Code OH Employer/Occupation/Labor State Zip Code OH State Zip Code OH Employer/Occupation/Labor	Perry Township, Chief of Police State Zip Code OH 43082 Employer/Occupation/Labor Organization* Perry Town, Chief of Police State Zip Code OH 43082 Employer/Occupation/Labor Organization* State Zip Code Date (MM/Di OH OH Deliver) State Zip Code Date (MM/Di OH OH Deliver) Employer/Occupation/Labor Organization* State Zip Code Date (MM/Di OH OH Deliver) State Zip Code Date (MM/Di OH Deliver) State Zip Code Date (MM/Di OH Deliver) Employer/Occupation/Labor Organization*	Perry Township, Chief of Police State Zip Code OH 43082 O3/31/2018 Registration Number Employer/Occupation/Labor Organization* Perry Town, Chief of Police State Zip Code OH 43082 Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH Registration Number Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH Registration Number Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Perry Town, Chief of Police State Zip Code Date (MM/DD/YYYY) Registration Number Employer/Occupation/Labor Organization*	

*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)]

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