



## Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee

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

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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)]