

## Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee				
Committee to Elect Nancy Gillespie				
Registration Number			er, if PAC	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Check	
State				Amount
ОН	43125	09/05/2017		\$500.00
Full Name of Contributor Registration Number, if PAC				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Sweep debit	
State	Zip Code	٠,	· · · · · · · · · · · · · · · · · · ·	Amount
OH	43125	10/1	2/2017	\$38.10
Registration Number				er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Check	
State	te Zip Code Date (MM/DD/YYYY)			Amount
ОН	43125	10/20/2017		\$36.00
Full Name of Contributor Registration Number, if PAC				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DI	DYYYY)	Amount
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ne of Contributor Registration Numb			er, if PAC	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY) Arr		Amount
ОН				
	Employer State OH  Employer State OH  Employer State OH  Employer State OH  State OH	Employer/Occupation/Labor On State Zip Code OH	Employer/Occupation/Labor Organization*  State Zip Code OH 43125 Date (MM/DI OH 43125 Date (MM/DI OH A3125 Date (M	Employer/Occupation/Labor Organization*  State Zip Code OH Cf3125 Of O5/2017 Registration Number Of OH Cf3125 Of Of O5/2017 Registration Number Of OH Cf3125 Of Of Of O5/2017 Registration Number Of OH Cf3125 Of

Page Total \$574.10

<sup>\*</sup>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)]