



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for a Safe Prairie Township				
Full Name of Contributor PrairieTownship Fire Department			Registration Number, if PAC	
Street Address 123 Inah Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 03/29/2018	Amount 50.00
Full Name of Contributor Prairie Township Fire Department			Registration Number, if PAC	
Street Address 123 Inah Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 04/05/2018	Amount 1,450.00
Full Name of Contributor Prairie Twp. Local 2985			Registration Number, if PAC	
Street Address 123 Inah Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 04/04/2018	Amount 1,500.00
Full Name of Contributor Ohio Association of Professional Fire Fighters			Registration Number, if PAC	
Street Address 140 E Town St, Suite 9700		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04/05/2018	Amount 1,500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 4,500.00