



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee			·		ONO 0017:10	
Foust for Council						
Full Name of Contributor Regis					egistration Number, if PAC	
Greg Browning					i	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
686 Hartford					check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Worthington	ОН	43085		11/04/2019	100.00	
Full Name of Contributor	Registrat			Registration Number	ration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor	<u> </u>		<u> </u>	Registration Number	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	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 OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor	Registration Nur				er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	

Page	Total	100.00	
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^{*}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)]