

## **Statement of Contributions Received**

Form 31-A ORC 3517.10

Mifflin Town Ship Police Levy Committee						
Mifflin Township Police Levy Committee  Full Name of Contributor  FOP Political Education Fund  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  City  State Zip Code  Date (MM/DD/YYYY)  Amount						
Street Address 6800 Shrock Hill Ct.	Poli.	Employer/Occupation/Labor Organization* Political Contributing			Form (Cash, Check, etc.) Check#1636	
Columbus	State OH	Zip Code 43229	Date (MM/DI	•	#500.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, e			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/YYY)	Amount	
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer	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	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYY)	Amount	
Full Name of Contributor Registration Number, if PAC					per, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State OH	Zip Code	Date (MM/D	D/YYY)	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	\$500.00