



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

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Full Name of Committee	$\overline{}$	11	ì			
Dixon	tor	the te	ple			
Full Name of Contributor	***			Registration Numb	er, if PAC	
Full Name of Committee  Dixon  Full Name of Contributor  Scott Sage!  Street Address  4063 Seignan 2ve  City  Whitchall  Full Name of Contributor						
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4063 Seignan 2ve					Check	
City	State	Zip Code Date (MM/DD/YYYY)			Amount	
Whitehall	OH	43213	10/1	5/2019	\$ 300.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Street Address	Employer	/Occupation/Labor On	Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount	
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer	/Occupation/Labor Or		Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DI	DWW)	Amount	
		_ <b>,</b>	Date (Initial DEST ( ) )			
Edit Name of Contributor						
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount -	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	ate (MM/DD/YYYY) Amount		

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<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)]