



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor Cathy Boring			Registration Number, if PAC N/A	
Street Address 9015 Picardy Ct.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Cash
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10-29-2017	Amount \$ 25.⁰⁰
Full Name of Contributor Nirmal K. Sinka			Registration Number, if PAC	
Street Address 6470 Meadowbrook Cir.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10-26-2017	Amount \$ 100.⁰⁰
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
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
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 **\$ 125.⁰⁰**