



Statement of Contributions Received

Form 31-A

ORC 3517.10

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ittee					
Full Name of Contributor Registration No					
s attache	d for use in 2017				
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/D)	D/YYYY)	Amount	
ОН	•	(1111)	,	\$89,690.99	
			Registration Numb	er, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
		<u> </u>	Registration Numb	er, if PAC	
Employer/Occupation/Labor Organization*			1	Form (Cash, Check, etc.)	
State OH	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
Full Name of Contributor				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
Full Name of Contributor			Registration Number, if PAC		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
	Employer/ State OH Employer/ State OH Employer/ State OH Employer/ State OH	Employer/Occupation/Labor O State Zip Code OH State Zip Code OH Code OH State Zip Code OH	Employer/Occupation/Labor Organization* State Zip Code Date (MM/D) Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State	

*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	\$89,690.99
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