



Statement of Contributions Receiv

Form

SOC	254

				
Full Name of Contributor			Registration Number, if PAC	
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
				check
State	Zip Code	Date (MM/D	DYYYY)	Amount
OH ~	43068		10/28/2019	\$25.00
Full Name of Contributor			Registration Number, if PAC	
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	DYYYY)	Amount
Full Name of Contributor Registration Numb				Ler, if PAC
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	D/YYY)	Amount
				er, if PAC
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
	Zip Code	Date (MM/D	D/YYY)	Amount
Registration Numb			er, if PAC	
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	DYYYY)	Amount
	State OH Employer Employer State State Employer Employer Employer Employer	State Zip Code OH	State Zip Code Date (MM/D	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Code Date (MM/DD/YYYY)

^{*}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 c 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)]