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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
TRINGUES CATY DERCOR					
				Registration Num	nber. if PAC
Rachel De Rosa					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7269 Golden PL					(ash
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
Dublin	CH -	43017	1122	2019	\$30.00
Full Name of Contributor	<u> </u>			Registration Num	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor Registration N					ber, if PAC
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor	Registration				ber, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	Registration N				ber, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	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 \$30,00