

## Statement of Contributions Received

Form 31-A

ORC 3517.10

CITIZENS FOR CONISON  Full Name of Contributor Registra				er, if PAC	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
CITY OF WHITEHALL			CHECK		
State	Zip Code	Date (MM/DD/YYYY)		Amount	
ОН	43213		09/10/2019	\$125.00	
Full Name of Contributor  JAMES AND MARIE GRAHAM  Registr			Registration Number	istration Number, if PAC	
Employer/Occupation/Labor Organization* Fo			Form (Cash, Check, etc.)		
RETIRED				CHECK	
State	Zip Code	Date (MM/D	D/YYYY)	Amount	
ОН	43213		09/17/2019	\$50.00	
		<del>-</del>	Registration Number	er, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY)		Amount	
Registration Num		Registration Number	er, if PAC		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/D	D/YYY)	Amount	
Registration Num			ber, if PAC		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY) A		Amount	
	Employed State OH  Employed RETIRE State OH  Employed State  Employed Employed Employed Employed	CITY OF WHITEHALL  State Zip Code OH 43213  Employer/Occupation/Labo RETIRED  State Zip Code OH 43213  Employer/Occupation/Labo State Zip Code  State Zip Code  Employer/Occupation/Labo State Zip Code  Employer/Occupation/Labo State Zip Code	CITY OF WHITEHALL  State Zip Code d3213  Employer/Occupation/Labor Organization* RETIRED  State Zip Code OH d3213  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/D  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/D  Employer/Occupation/Labor Organization*	CITY OF WHITEHALL  State Zip Code OH 43213 O9/10/2019  Registration Number Registration Number Registration Number Retrieved A3213 O9/17/2019  State Zip Code Date (MM/DD/YYYY) OH 43213 O9/17/2019  Registration Number Registrat	

\*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 \$175.00	