



Statement of Contributions Received

Form 31-A

ORC 3517.10

E 111						
Full Name of Committee Residents for A Greener Grandview						
Full Name of Contributor			Registration Number, if PAC			
Jody M. Oster				N/A		
Street Address	Employer/Occupation/Labor Organization* Form (0				Form (Cash, Check, etc.)	
1080 Wyandotte Road	N/A			Cash		
City	State	Zip Code	Date (MM/D	ate (MM/DD/YYYY) Amount		
Columbus	ОН	43212		11/7/2018	\$460.67	
Full Name of Contributor			Registration Numb		er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYY)	Amount	
Full Name of Contributor			<u> </u>	Registration Numb	er, 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/D	D/YYY)	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/D	D/YYY)	Amount	
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*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	\$460.67