

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

				<del> </del>	
				Registration Number, if PAC	
Richard Sharp				ļ	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
845 College Ave					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Bexley	ОН	43209		10/23/2018	100.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·		Registration Numb	er, if PAC
Jan Auslander Kanas				}	
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
57 S Dawson Ave.					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Bexley	ОН	43209		11/01/2018	25.00
Full Name of Contributor				Registration Numb	er, if PAC
				}	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	ОН				
Full Name of Contributor		<u> </u>		Registration Number	L er, if PAC
				1	
Street Address	Employ	er/Occupation/Labo	or Organization*	L	Form (Cash, Check, etc.)
Street Address	Employ	er/Occupation/Labo	or Organization*	L	Form (Cash, Check, etc.)
Street Address	Employ	er/Occupation/Labo		D/YYYY)	
		·	or Organization*	D/YYY)	Form (Cash, Check, etc.) Amount
City	State	·		·	Amount
	State	·		D/YYYY)  Registration Number	Amount
City	State OH	Zip Code	Date (MM/D	·	Amount er, if PAC
City Full Name of Contributor	State OH	·	Date (MM/D	·	Amount
City Full Name of Contributor	State OH	Zip Code	Date (MM/D	Registration Numbe	Amount er, if PAC