

Statement of Contributions Received

Form 31-A

ORC 3517.10

T						
Full Name of Committee						
Full Name of Committee Let I Tens for Marshall A. Spalding Registration Number, if PAC						
Full Name of Contributor			***************************************	Registration Numl	ber, if PAC	
MasshallAS	Spalding					
Street Address	Employe	er/Occupation/Labor O	roanization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	יטאאאו	Amount	
		Ap sec	Daw (IIII)	Di 1111,	Patrount	
Full Name of Contributor			<u></u>	Registration Num	her if PAC	
Charles Myers			I	1 rogious succession		
Street Address	Employe	er/Occupation/Labor O	rganization*		Form (Cash) Check, etc.)	
2522 Starlich FCt		IMCA		25		
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount	
Keynoldsburg	OH	سه ا	5-20		35,00	
Full Name of Contributor	 -		·	Registration Numl	ber, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount	
Full Name of Contributor				Registration Number, if PAC		
		* · · · · · · · · · · · · · · · · · · ·		<u></u>	T=	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
City	State	Zip Code	Date (MM/Di	חאאאן	Amount	
				Di,		
Full Name of Contributor				Registration Numb	ber, if PAC	
			Ī			
	1!>	" - A - b C			I	
Street Address	Етрюуе	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State	Zip Code	Date (MM/DI		Amount	
Oly	Olinio	Zip Code	Date (winner.	<i>Un</i> 111,	Allouit	
			1			

*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 25,00