



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Neighbors for Barga				
Full Name of Contributor Committee to elect Stephen M. Cizak			Registration Number, if PAC —	
Street Address 6866 Randolph Rd N	Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/28/2017	Amount 100
Full Name of Contributor Dag Buzon			Registration Number, if PAC —	
Street Address 455 Arden Rd	Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/09/2017	Amount 500
Full Name of Contributor Dag Joseph Olachon fruit			Registration Number, if PAC —	
Street Address 9250 Huggins Ln	Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/16/2017	Amount 100
Full Name of Contributor Under 25 ⁺			Registration Number, if PAC —	
Street Address —	Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) Cash	
City —	State —	Zip Code —	Date (MM/DD/YYYY) 08/08/2017	Amount 70
Full Name of Contributor			Registration Number, 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)]