



Statement of Contributions Received

Form 31-A

ORC 3517.10

				
Supporters of Westerville Police				
Full Name of Contributor			Registration Number, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Check				
State	Zip Code	Date (MM/DD/YYYY)		Amount
он /	43082	08/28/2019		1500.00
Registration Numb			er, if PAC	
Richard & Maureen Lorenz				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Check				
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	43212	08/31/2019		100.00
Full Name of Contributor Registration Number				er, if PAC
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				Check
State	Zip Code	Date (MM/DD/YYYY)		Amount
он	43081	09/04/2019		\$500.00
Registration Numb			er, if PAC	
Lee Ann Shortland				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Check				
State	Zip Code	Date (MM/DD/YYYY)		Amount
он	43082		09/03/2019	\$100.00
ntributor Registration Number				er, if PAC
FOP Policital Education Fund				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Check			Check	
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	43229		09/04/2019	\$500.00
	Employer/C State OH Employer/C State OH Employer/C State OH State OH State OH	State Zip Code OH 43082 Employer/Occupation/Labor Org State Zip Code OH 43212 Employer/Occupation/Labor Org State Zip Code OH 43081 Employer/Occupation/Labor Org State Zip Code OH 43082 Employer/Occupation/Labor Org	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DEDH 43082 Employer/Occupation/Labor Organization* State Zip Code Date (MM/DEDH 43212 Employer/Occupation/Labor Organization* State Zip Code Date (MM/DEDH 43081 Employer/Occupation/Labor Organization* State Zip Code Date (MM/DEDH 43081 Employer/Occupation/Labor Organization* State Zip Code Date (MM/DEDH 43082) Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Registration Number Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH 43081 Date (MM/DD/YYYY) Registration Number Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH 43082 Date (MM/DD/YYYY) Registration Number Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*

Page Total \$2700.00

^{*}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)]