

## **Statement of Contributions Received**

Form 31-4

ORC 3517.10

Full Name of Committee  Percentage  Full DUBLIN						
Full Name of Contributor Registration N				Registration Nu	mber, if PAC	
VINDO DEGA						
Street Address U620 SNEWSIRE G.	Employer	/Occupation/Labor (	Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Dubun	ОН	43016	11/06/17		150.00	
Full Name of Contributor  SQ1 KANTU GADDAM  Registration Number, if PAC						
Street Address 10340 MACKENZIE WM	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
DUBLIN	ОН	43017	11/06/17		150.00	
Full Name of Contributor  SANA  Registration Number, if PAC						
Street Address 6402 BROOKENSE G.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
DUBLIN	ОН	43017	11/06/17		150.00	
Full Name of Contributor  Registration Number, if PAC  AUGUSTUA  VADADA						
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6825 BEARCLOVER DR.		Crecx				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
DUBLIN	ОН	43016	11/86/17		150.00	
Full Name of Contributor Registration Number, if PAC						
YAVSHAL VADADA						
Street Address 355 N. WUSE Co. * 325	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
SUNTUALE	State	Zip Code AuDS5	Date (MM/D	4 '	Amount CS . CO	

<sup>\*</sup>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)]