

Statement of Contributions Received

Form 31-A

ORC 3517,10

Full Name of Committee Begello for Domestic (ous + Judg	ie				
Law Office of Jefferson liston, LLC				Registration Number, if PAC	
Street Address 536 5 High St	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 432/ブ	Date (MM/DI	p////) 2018	Amount
Full Name of Contributor	Registration No				er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor		<u> </u>	<u> </u>	Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) Amount		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	or			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/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)]

Page Total	100.00
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