



## **Statement of Contributions Received**

Form 31-A

ORC 3	3517.10
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Full Name of Committee						
Buskirk For Council						
Full Name of Contributor				Registration Numbe	r, if PAC	
Jeffrey E. Buskirk						
Street Address Employer/Occupation/Labor Organization*			anization*		Form (Cash, Check, etc.)	
4557 Clayburn Drive West					Check	
City	State	itate Zip Code Date (MM/DD/YYYY)			Amount	
-	эн Р	43123		07/09/2019	500.00	
Full Name of Contributor	<u>-</u>	*		Registration Number, if PAC		
Jeffrey E. Buskirk						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4557 Clayburn Drive West			Check			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
	он	43123	8/15/2019		1000.00	
Full Name of Contributor Registration Number					er, if PAC	
Jeffrey Buskirk						
Street Address	dress Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4557 Clayburn Drive West					Check	
City	State	Zip Code	Date (MM/D		Amount	
Grove City	он	43123	08/28/2019		300.00	
Full Name of Contributor Registration Numb				er, if PAC		
Jeffrey Buskirk						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4557 Clayburn Drive West			Check			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Grove City	ОН	43123	09/06/2019		600.00	
Full Name of Contributor	Registration			Registration Numb	mber, if PAC	
Jeffrey Buskirk						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4557 Clayburn Drive Wesst	Cash				Cash	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Grove City,	ОН	43123	10/07/2019		1000.00	

\*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)]

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