



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Cotner				
Full Name of Contributor Craig Saylor			Registration Number, if PAC	
Street Address 1570 Dream Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 10/2/2019	Amount 300.00
Full Name of Contributor Thomas Ulrich			Registration Number, if PAC	
Street Address 1861 Drugan Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 10/3/2019	Amount 200.00
Full Name of Contributor Elizabeth Wood			Registration Number, if PAC	
Street Address 1909 Chimney Hill Crout		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 10/4/2019	Amount 80.00
Full Name of Contributor			Registration Number, if PAC	
Street Address 455 Waggoner Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 10/4/2019	Amount 100.00
Full Name of Contributor William Caldwell			Registration Number, if PAC	
Street Address 7419 Lebanon		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 09/20/2019	Amount 25.00

*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)]