



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee			
	rockin Dallin Si	Coty	
Citizens for Mifflin Tou	miguib Lapire or	Registration Nu	mber, if PAC
Full Name of Contributor	- \	1.03.0.1.0.1	
FOP Political Education	turd		Form (Cash, Check, etc.)
Street Address		Employer/Occupation/Labor Organization*	
6800 Schrock Hill Ct	Cabor organizat		Check
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Coumbus	04 - 43229	10/16/2019	\$ 500.00
Full Name of Contributor		Registration Nu	umber, if PAC
social to radio local 1	818 Porfessional Fi	relighters	
Mifflin Township Local 2 Street Address	Employer/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
	(abor Organiz	Cabor Organization	
PO BOX 30162 City	State Zip Code	Date (MM/DD/YYYY)	Amount
	OH 43230	10/31/2019	\$ 500.00
Columbus	3,0000	Registration N	
Full Name of Contributor			
	Employer/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor	Organization	(==== ,
		T . (1.11/DD20000)	Amount
City	State Zip Code	State Zip Code Date (MM/DD/YYYY)	
Full Name of Contributor		Registration N	lumber, if PAC
Street Address	Employer/Occupation/Labo	r Organization*	Form (Cash, Check, etc.)
City	State Zip Code	Date (MM/DD/YYYY)	Amount
City			
	Registration		Number, if PAC
Full Name of Contributor			
	Employer/Occupation/Laho	r Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labo	Employer/Occupation/Labor Organization*	
	Otata Zim Codo	Date (MM/DD/YYYY)	Amount
City	State Zip Code	Date (MINI/DD/1111)	

*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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Page Total	\$1,000.00	
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