



Statement of Contributions Received

Form 31-A

ORC 3517.10

| Full Name of Committee | | | | | |
|--|---------------|---|------------------|----------------|--------------------------|
| Central Ohio REALTORS Political Action Con | mmittee | | | | |
| Full Name of Contributor | | | | Registration N | umber, if PAC |
| 8 Page computer listing of contribution received | d is attached | t l | | | |
| Street Address | Employe | r/Occupation/Labo | or Organization* | <u> </u> | Form (Cash, Check, etc.) |
| for use in 2017 | | | | | |
| City | State | Zip Code | Date (MM/D | D/YYYY) | Amount |
| | он | | | | \$33,695.00 |
| Full Name of Contributor | | | | Registration N | umber, if PAC |
| Street Address | Employe | 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> | Registration N | umber, if PAC |
| Street Address | Employe | r/Occupation/Labo | or Organization* | I | Form (Cash, Check, etc.) |
| City | State | Zip Code | Date (MM/D | O/YYYY) Amount | |
| Full Name of Contributor | | | . <u></u> | Registration N | umber, if PAC |
| Street Address | Employe | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | Date (MM/D | D/YYYY) | Amount |
| Full Name of Contributor | | | | Registration N | umber, if PAC |
| Street Address | Employe | r/Occupation/Labo | or Organization* | | Form (Cash, Check, etc.) |
| City | State OH | Zip Code | Date (MM/D | DMYYY) | 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)]