



Statement of Contributions Received

Page _____

Form 31-A
ORC 3517.10

Full Name of Committee Natalie West Nominations for Fiscal Officer				
Full Name of Contributor First Service Federal Credit Union			Registration Number, if PAC	
Street Address 100 Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 3/31/17	Amount .14
Full Name of Contributor First Service Federal Credit Union			Registration Number, if PAC	
Street Address 100 Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 6/30/17	Amount .14
Full Name of Contributor First Service Federal Credit Union			Registration Number, if PAC	
Street Address 100 Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 9/30/17	Amount .14
Full Name of Contributor First Service Federal Credit Union			Registration Number, if PAC	
Street Address 100 Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 12/31/17	Amount .14
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/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)]