



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Stephen M. Cicak				
Full Name of Contributor Stephen M. Cicak			Registration Number, if PAC	
Street Address 6866 Roundelay Rd N		Employer/Occupation/Labor Organization* Auditor		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH ☐	Zip Code 43068	Date (MM/DD/YYYY) 1/4/2018	Amount 333.33
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
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
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
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)]