

Statement of Contributions Received

Page

Form 31-A

ORC 3517.10

Re-Elect Mike Chert						
Full Name of Contributor Registration Numb						
Hershberger Family Limited Portnersty Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
			Form (Cash, Check, etc.)			
v Southern Rd			check			
State	Zip Code	1 -		Amount		
)H	43110 0	9-27	2019	1000		
			Registration Numb	er, if PAC		
Onnokee Kantner Street Address Employer/Occupation/Labor Organization*						
210 Woodsview Dr.						
State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
DH	43110	09-27	7-2019	50		
Canal Winchester OH 43110 09-27-2019 Full Name of Contributor Registration Number Tyler 55/es Street Address Employer/Occupation/Labor Organization*						
		:				
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
				Cash		
State Zip Code Date (MM/DD/YYYY)			Amount			
011	43110	09-1	0-2019	50		
			Registration Numb	er, if PAC		
Bethany Miller Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
Cash						
State	Zip Code	Date (MM/D	D/YYYY)	Amount		
OH	43110	09-10	-2019	100		
Registration Numb				per, if PAC		
Tanner Stiles						
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
21759 Kinggold Southern Rd City State Zip Code Date (MM/DD/YYYY)						
State	Zip Code	Date (MM/D	D/YYYY)	Amount		
04 43/13 08-16-2019			30			
	Employer State Children State Children Employer State	Employer/Occupation/Labor Or Harn Rd State Zip Code State Zip Code H 3// O Employer/Occupation/Labor Or State Zip Code H 43// O Employer/Occupation/Labor Or State Zip Code H 43// O Employer/Occupation/Labor Or H 13// O Employer/Occupation/Labor Or H 13// O State Zip Code H 43// O State Zip Code H 43// O State Zip Code H 43// O State Zip Code	Employer/Occupation/Labor Organization* Remployer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Pod State Zip Code Date (MM/D H 43/10 09-10 Date (MM/D DH 43/10 09-10 Date (MM/D DH Date (MM/D DH Date (MM/D) DH Date (MM/D) DH Date (MM/D) DH Date (MM/D) DATE (MM/D)	Employer/Occupation/Labor Organization* Harried Portnership Employer/Occupation/Labor Organization* Registration Numb Registration Numb Registration Numb Registration Numb Registration Numb Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) DI-JUNE Proceed Date (MM/DD/YYYY) Proceed Date (MM/DD/YYYY) Registration Numb Registration Numb Registration Numb Registration Numb Registration Numb Employer/Occupation/Labor Organization* Registration Numb Registration Numb Registration Numb Registration Numb Registration Numb Date (MM/DD/YYYY) DI-JUNE Proceed Date (MM/DD/YYYY) DI-JUNE Proceed Date (MM/DD/YYYY) Registration Numb Registration Numb Registration Numb Registration Numb Registration Numb Registration Numb Date (MM/DD/YYYY) DI-JUNE Proceed Date (MM/DD/YYYY) Registration Numb Registration Numb		

*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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