



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee	······					
Committee to Elect Jim Roper						
Full Name of Contributor Reg				Registration Numb	Registration Number, if PAC	
Jim Roper				•		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1183 Circle on the Green					Cash	
01.	1	T				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	OH	43235		10/31/2017	40.21	
Full Name of Contributor		<u> </u>	.L	Registration Numb	er, if PAC	
Jim Roper						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1183 Circle on the Green					Cash	
Chu	Ctoto	7in Codo	In		A	
City	State	Zip Code	Date (MM/D		Amount	
Columbus	ОН	43235		12/012017	147.23	
Full Name of Contributor Registration					er, if PAC	
Street Address	Employer/Occupation/Labor Occupation			L	Form (Cook Check etc.)	
TOUGHT PARTIESS	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН					
Full Name of Contributor				Registration Number, if PAC		
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0				<u> </u>		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zîp Code	Date (MM/D	D/YYY)	Amount	
	ОН					
Full Name of Contributor		<u> </u>	1	Posistration Numb	or #PAC	
Tuli Name of Continuousor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
<b>y</b>			Date (MIND)	<i></i>	, who will	
	OH					

\*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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