



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Buskirk For Council				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor Jeffrey E. Buskirk			Registration Number, if PAC	
Street Address 4557 Clayburn Drive West		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Payment from personal Act
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/05/2019	Amount 123.50
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 9	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)]