



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Organists					
Full Name of Committee CARPENTERS LOCAL UNION 200 PCE					
Full Name of Contributor Registration Nu					er, if PAC
CARPENTERS LOCAL UNION 200					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
1545 ALUM CREEK DR	LABOR (LABOR ORGANIZATION			CHECK
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
COLUMBUS	ОН	43201	12/19/2017		\$2,000.00
Full Name of Contributor		<u> </u>	<u>. </u>	Registration Numb	er, if PAC
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	<u> </u>	<u>_</u>		Registration Numb	er, if PAC
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) Amount		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/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)]

Page	Total \$2,0	00.00	