Statement of Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full						_					
Royer For UA Schools											
Full Name of Contributor				Regi	strai	ion Nun	iber, if	PA	С		
Contributions From Form No. 31-E											
Street Address	Employer/Ox	ccupa	ation/Labor Organization*						Form (Cash, Check, etc.)		
2667 Sandover Road											
City	State	-	Zip Code	M		D	Y		Amount		
Upper Arlington		Н	43220	11	n	1 2	11	5	2,475.00		
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City	State		Zip Code	M		D	Y		Amount		
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* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,475.00