



## **Statement of Contributions Received**

Form 31-A

DRC 3517 10

<del></del>			***************************************	ORC 3517.1
Full Name of Contributor Registration Numb				
Hendren			,	701, IFF AC
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				Credit - Square
State	Zip Code	Date (MM/I	DD/YYYY)	Amount
ОН	45242			5000.00
Nogos da sa Maria			07, 11 7.10	
Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
			check	
State	Zip Code	Date (MM/I	DD/YYYY)	Amount
ОН	43081		10/19/2019	*
			Registration Number	l er, if PAC
in Herriot	t		-	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
			Credit - Paypal	
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	45635	08/20/2019		1000.00
<u> </u>		- <del></del>	Registration Numbe	er, if PAC
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				Credit - Paypal
State	Zip Code	Date (MM/DI	D/YYY)	Amount
ОН	43081		08/02/2019	1500.00
Registration Numbe			r, if PAC	
im Gargasz				
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Credit - Paypal				·
State	Zip Code	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		Amount
ОН	43065	1 ' 1		500.00
	State OH  Employe  State OH  State OH  Employe  State OH  State OH	Employer/Occupation/Labor O  State Zip Code OH 45242  Employer/Occupation/Labor O  State Zip Code OH 43081  Employer/Occupation/Labor O  State Zip Code OH 45635  Employer/Occupation/Labor O  State Zip Code OH 45635  Employer/Occupation/Labor O  State Zip Code OH 43081  Employer/Occupation/Labor O  State Zip Code OH 43081	Employer/Occupation/Labor Organization*  State Zip Code 45242  Employer/Occupation/Labor Organization*  State Zip Code OH 43081  Date (MM/D)  Employer/Occupation/Labor Organization*  State Zip Code OH 45635  Employer/Occupation/Labor Organization*  State Zip Code OH 45635  Employer/Occupation/Labor Organization*  State Zip Code OH 43081  Employer/Occupation/Labor Organization*  State Zip Code OH 43081  Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*  State Zip Code OH 45242 7/3/2019  Employer/Occupation/Labor Organization*  State Zip Code OH 43081 10/19/2019  Registration Number Organization*  Registration Number Organization*  State Zip Code OH 45635 Date (MM/DD/YYYY) OH 45635 Date (MM/DD/YYYY)  Registration Number Organization*  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DD/YYYY) OH 43081 Date (MM/DD/YYYY)  Registration Number OH 43081 08/02/2019  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DD/YYYY)  Registration Number OH 43081 08/02/2019

Page Total 8200.00

<sup>\*</sup>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)]