

Statement of Contributions Received

Form 31-A

ORC 3517.10

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			Registration,Numb	er, if PAC
			NA	
Employe	r/Occupation/Labor O	rganization*	<u> </u>	Form (Cash, Check, etc.)
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State	Zip Code		D/YYYY)	Amount
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	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
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Employer	/Occupation/Labor Or	ganization*	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	Form (Cash, Check, etc.)
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	Zip Code	Date (MM/D	DMYYYPF OITIC	Amount
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RON P. CUFFORD Street Address 4380 HAUSENDR. Employer/Occupation/Labor Organization* RETIRED N/A Form (Cash, Check, e CHECK				
Employer/Occupation/Labor Organization*			,	Form (Cash, Check, etc.)
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OH	43026	08-0	1-2009	100
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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 also appear. [R.C. 3517.10(B)(4)]

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