



## Statement of Contributions Received

Form 31-A

ORC 3517.10

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Full Name of Contributor Registration I				
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				CHECK
State	Zip Code	Date (MM/DD/YYYY)		Amount
он	43220		10/16/2019	75.00
		-	Registration Number	er, if PAC
Fmplove	r/Occupation/Labor C	Prognization*		Form (Cach Chack etc.)
Employer/occupation/Labor Organization				Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor Registration Num			Registration Number	er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY)		Amount
Registration Numb			Ler, if PAC	
Employer	nployer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Registration Number			er, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
State	Zip Code	Date (MM/DD/YYYY) Amour		Amount
	State OH  Employe  State  Employe  State  Employe  Employe  Employe  Employe  Employe  Employe	State Zip Code OH 43220  Employer/Occupation/Labor O  State Zip Code  Employer/Occupation/Labor O  State Zip Code  Employer/Occupation/Labor O  Employer/Occupation/Labor O  Employer/Occupation/Labor O	State Zip Code OH 43220  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DI  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DI  Employer/Occupation/Labor Organization*  State Zip Code Date (MM/DI  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*	State Zip Code OH 43220 Date (MM/DD/YYYY)  Registration Numb  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Registration Numb  Registration Numb  Registration Numb  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*

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<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)]