



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Bokros for Westerville					
Full Name of Contributor Registration Num				Registration Number	er. if PAC
Diana J. Conley					,,,,,,,
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
425 Westgreen Lane					Check
City	State	ate Zip Code Date (MM/DD/YYYY)			Amount
Westerville		43082	09/17/17		\$50.00
Full Name of Contributor Registration Number					er, if PAC
Michael Heyeck					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
113 Ormsbee Avenue					Check
City	State	Zip Code	Date (MM/Di	D/YYYY)	Amount
Westerville	ОН	43081	09/25/17		\$ 100.00
Full Name of Contributor	Registration Number				er, if PAC
Lisa A. Aucoin					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
507 Cherrington Court					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Westerville	ОН	43081	09/20/2017		\$ 50.00
Full Name of Contributor Registration Number					er, if PAC
Jeffrey Cooper					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4099 Forest Edge					Cash
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	09/25/2017		\$ 20.00
Full Name of Contributor Registration Number					er, if PAC
Zella S. Austin					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3 Dover Road				Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Englewood	FL	34223		10/05/2017	\$ 40.00

^{*}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)]