

## **Statement of Contributions Received**

Earm 31-A

ORC 3517.10

Ill Name of Committee		1000	
Natali West - Nice	odenus for tisc	Registration Num	ober if PAC
II Name of Contributor		<del>"</del>	1501, 11 1 1 1
First Service Frdera	l Credit Union	)	Form (Cash, Check, etc.)
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100 Main St		- (AMADD 2000V)	Amount
ty	State Zip Code	Date (MM/DD/YYYY)	.19
Grove port	UM 93125	03/3/209	
ull Name of Contributor		Registration Nur	riber, il PAC
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Groveport	OH 93125	06/30/2019	
ull Name of Contributor		Registration Nu	mber, if PAC
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treet Address	Employer/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
100 Main St			
City	State Zip Code	Date (MM/DD/YYYY)	Amount
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Full Name of Conthibutor		Registration N	umber, if PAC
Street Address	Employer/Occupation/Labor	Organization*	Form (Cash, Check, etc.)
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Full Name of Contributor		Registration N	lumber, if PAC
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Street Address	Employer/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)
Oll Raf Voni goo			
City	State Zip Code	Date (MM/DD/YYYY)	Amount
City			
	l Branch		

\*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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