



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee <i>Natalie West-Nicodemus for Fiscal Officer</i>				
Full Name of Contributor <i>First Service Federal Credit Union</i>			Registration Number, if PAC	
Street Address <i>100 Main St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City <i>Groveport</i>	State <i>OH</i>	Zip Code <i>43125</i>	Date (MM/DD/YYYY) <i>03/31/2019</i>	Amount <i>.19</i>
Full Name of Contributor <i>First Service Federal Credit Union</i>			Registration Number, if PAC	
Street Address <i>100 Main St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City <i>Groveport</i>	State <i>OH</i>	Zip Code <i>43125</i>	Date (MM/DD/YYYY) <i>06/30/2019</i>	Amount <i>.19</i>
Full Name of Contributor <i>First Service Federal Credit Union</i>			Registration Number, if PAC	
Street Address <i>100 Main St</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City <i>Groveport</i>	State <i>OH</i>	Zip Code <i>43125</i>	Date (MM/DD/YYYY) <i>09/30/2019</i>	Amount <i>.14</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	<input type="checkbox"/>			
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	<input type="checkbox"/>			

*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)]