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Statement of Contributions Received

Form 31-A

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Registration No.			Registration Numb	per, j	
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Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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State Zip Code Date (MM/DD/YYYY)			D/////)	Amount	
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Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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<u> </u>			Registration Numb		
CAPITOL CITY TRAILERS Inc					
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
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Registration Number, if PAC					
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
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Full Name of Contributor			Registration Numb	per, if PAC	
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Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
Employer/Occupation/Labor Organization (Cash, Oneck, etc.)					
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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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