

## Page \_

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Ron McClure						
Name of Contributor Re				Registration Number, if PAC		
CHUCK MILAM						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4827 DUNMANN WAY	CASH					
	State	Zip Code	Date (MM/DI	· .	Amount	
GROVE CITY Full Name of Contributor	)H 🔄	43123	10/12	2019	\$ 40.°°	
Full Name of Contributor				Registration Number	er, if PAC	
RONALD M MCCLURE						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check-etc.)	
3018 COLUMBUS STREET					CHECK	
City	State	Zip Code	Date (MM/DI		Amount	
GROVE CITY	<b>&gt;#</b>	43123	10/16/	2019	# 1,000. <sup>50</sup>	
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	DVYYYY	Amount	
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	ليحا					
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	•					
Full Name of Contributor				Registration Number, if PAC		
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Street Address Employer/Occupation/Labor Organization*			roanization*	<u> </u>	Form (Cash, Check, etc.)	
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City	State	Zip Code	Date (MM/DD/YYYY) Amount			
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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)]