

Statement of Contributions Received

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov Form 31-A

ORC 3517.10

Full Name of Committee							
Friends of Sharar Wketler							
Full Name of Contributor	Registration Number, if PAC						
Full Name of Committee Full Name of Contributor Full Name of Contributor Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
984 Highland St.	C				Check		
· ^	State	tate Zip Code Date (MM/DD/YYYY)		Amount			
Columbus	ОН	43201	10/10	117	50 00		
Full Name of Contributor	Α	<i>a</i> .		Registration Numb	er, if PAC		
Feamsters Local Un	Ters Local Union No. 413						
	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address 555 E. Rich St. City Calcinhers	Tea	Teamsters Final Union 413 Check					
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount		
Calumbers	OH	43615	10/12	-/17	500 %		
Full Name of Contributor	Registration Number, if PAC						
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City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount		
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	ОН						

*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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