



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
GLASGOW FOR COUNCIL						
GLASGOW FOR COUNCIL					, , ,	
Full Name of Contributor Regis				Registration Number	egistration Number, if PAC	
JOHN S. ROSAN						
Street Address	Employer	/Occupation/Labor Or		Form (Cash, Check, etc.)		
102 FARMWOOD PLACE		СНЕСК				
City	State	Zip Code	Date (MM/DD/YYYY) Am		Amount	
GAHANNA	ОН	43230		10/14/2017	1000	
Full Name of Contributor			<u> </u>	Registration Number	er, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYY)	Amount	
Full Name of Contributor	Registration			Registration Number	n Number, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН					
Full Name of Contributor	1	Registration Num		er, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	DWW\	Amount	
Only	ОН		Date (WIND	5,1111)	, , , , , , , , , , , , , , , , , , , ,	
Full Name of Contributor	ontributor			Registration Number, if PAC		
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount	
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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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