

## Page 2

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

| Full Name of Committee     | · · · · ·                               |                     |                          |                             |                             |  |
|----------------------------|---|---------------------|--------------------------|-----------------------------|-----------------------------|--|
| Citizens for Truex         |   |                     |                          |                             |                             |  |
| Full Name of Contributor   |   |                     |                          |                             | Registration Number, if PAC |  |
| James Rodenmayer           |   |                     |                          |                             |                             |  |
| Street Address             | ganization*                             |                     | Form (Cash, Check, etc.) |                             |                             |  |
| 1020 Ruskin Dr             |   |                     |                          |                             | Check                       |  |
| City                       | State                                   | Zip Code            | Date (MM/D               | D/YYYY)                     | Amount                      |  |
| Reynoldsburg               | ОН                                      | 43068               | :<br>                    | 07/26/2017 100.00           |                             |  |
| Full Name of Contributor   |   | Registration Num    |                          |                             | er, if PAC                  |  |
| Reynoldsburg Educators PAC |   | OH299               |                          |                             | !                           |  |
| Street Address             | Employer/                               | Occupation/Labor Or |                          | Form (Cash, Check, etc.)    |                             |  |
| P O Box 884                |   |                     | ,                        | Check                       |                             |  |
| City                       | State                                   | Zip Code            | Date (MM/D               | D/YYYY)                     | Amount                      |  |
| Reynoldsburg               | ОН                                      | 43068               |                          | 10/13/2017                  | 300.00                      |  |
| Full Name of Contributor   |   | Registration Num    |                          |                             | per, if PAC                 |  |
|                            |   |                     |                          |                             |                             |  |
| Street Address             | Employer/Occupation/Labor Organization* |                     |                          | <u> </u>                    | Form (Cash, Check, etc.)    |  |
|                            |   |                     |                          |                             |                             |  |
| City                       | State                                   | Zip Code            | Date (MM/D               | D/YYY)                      | Amount                      |  |
|                            | ОН                                      |                     |                          |                             |                             |  |
| Full Name of Contributor   |   | Registration Nu     |                          |                             | nber, if PAC                |  |
|                            |   |                     |                          |                             |                             |  |
| Street Address             | Employer/Occupation/Labor Organization* |                     |                          |                             | Form (Cash, Check, etc.)    |  |
|                            |   |                     |                          |                             |                             |  |
| City                       | State                                   | Zip Code            | Date (MM/D               | D/YYYY)                     | Amount                      |  |
|                            | ОН                                      |                     |                          |                             |                             |  |
| Full Name of Contributor   |   |                     |                          | Registration Number, if PAC |                             |  |
|                            |   |                     |                          |                             |                             |  |
| Street Address             | Employer/Occupation/Labor Organization* |                     |                          | l                           | Form (Cash, Check, etc.)    |  |
|                            |   |                     |                          |                             |                             |  |
| City                       | State                                   | Zip Code            | Date (MM/D               | D/YYY)                      | Amount                      |  |
|                            | 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)]

| Page | Total | 400.00 |      |  |
|------|-------|--------|------|--|
|      |       |        | <br> |  |