



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Neighbors for Barga					
Full Name of Contributor	Registration Number				er, if PAC
Chro & Sandy long					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1675 Haft Dr		_			Cheeli
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Regnoldsburg	Oh	43068	08/7	8/2019	150
Full Name of Contributor				Registration Number	er, if PAC
Chine former					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
77/b contine) ct					Chell
City	State	Zip Code	Date (MM/D		Amount
Resnadsan	Uh	43068	08 (	18/2019	00
Full Name of Contributor	Registration Number			er, if PAC	
Richard Ham's					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1100 bed lington Ct					Chede
City	State				Amount
Regnoldshing	Oh	43068	05/2	3/2019	30
Full Name of Contributor				Registration Numb	er, if PAC
Morshell Spalking					
Street Address U	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1940 blenford Ct					chen
City	State	Zip Code	Date (MM/D		Amount
Teynoldslang	1 Oh	43068	08/2	5/2019	50
Full Name of Contributor	Registration Number			er, if PAC	
Alfreda Brown					
Ctroot Addrson	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
956 Hilton Dr city Regulaby					Check
City	State	Zip Code	Date (MM/D	1.00	Amount
Regulaby	10h	43068	06/1	7/2017	(00)

\*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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