



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Walley Obert				
Full Name of Contributor John E. (Ed) Moore, Business Manager & Financial Secretary- Local Union 683			Registration Number, if PAC	
Street Address 939 Goodale Blvd., Suite 100	Employer/Occupation/Labor Organization* International Brotherhood of Electrical Workers		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/22/2019	Amount \$5,000
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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 \$5,000