



Statement of Contributions Received

Form 31-A

ORC 3517 10

			Registration Numb	er, if PAC
			,	·
Employer/Occupation/Labor Organization*			L	Form (Cash, Check, etc.)
				Cash
State	Zip Code	Date (MM/D		Amount
ОН			07/27/2019	20.00
· · · · · · · · · · · · · · · · · · ·			Registration Numb	er, if PAC
Employ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
	PayPal			
State	Zip Code	Date (MM/D	D/YYY)	Amount
ОН			08/05/2019	50.00
Registration Num			er, if PAC	
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				PayPal
State	Zip Code	Date (MM/D		Amount
WA	98541		08/07/2019	30.00
			Registration Numb	er, if PAC
Street Address Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
				PayPal
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН	43622		08/31/2019	25.00
Registration Numl			er, if PAC	
			-	
Employ	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
				PayPal
State	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount 100.00	
ОН	43230			
	State OH Employ State OH Employ State V/A Employ State OH State OH	State Zip Code OH Employer/Occupation/Labo State Zip Code OH State Zip Code 98541 Employer/Occupation/Labo State Zip Code 43622 Employer/Occupation/Labo State Zip Code 43622	State Zip Code Date (MM/D	State Zip Code Date (MM/DD/YYYY) O7/27/2019

*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	\$225.00
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