



Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Committee					
Committee for Judge O'Donnell					
Full Name of Contributor				Registration Number, if PAC	
Reminger Co., LPA Ohio PAC				CP495	
Street Address	Employer/Occupation/Labor Organization*			-	Form (Cash, Check, etc.)
101 Prospect Ave., W					check
City	State	Zip Code	Date (MM/D	D/YYY)	Amount
Cleveland	ОН	44115		01/03/2017	500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) An		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	ame of Contributor			Registration Number, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	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	500.00
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