



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Bokros for Westerville				
Full Name of Contributor Jeffrey Cooper			Registration Number, if PAC	
Street Address 4099 Forest Edge	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/09/2017	Amount \$ 20.00
Full Name of Contributor Beth Weinhardt			Registration Number, if PAC	
Street Address 642 Hickory View Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/12/17	Amount \$ 40.00
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/DD/YYYY)	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/DD/YYYY)	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/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State FL	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 \$ 60.00