



Statement of Contributions Received

Form 31-4

ORC 3517.10

Full Name of Contributor Registration				er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City of Worthington			Check	
State	Zip Code	Date (MM/DD/YYYY)		Amount
он	43085		09/19/2017	200.00
Full Name of Contributor Reg			Registration Number	er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City of Worthington				Check
State	Zip Code	Date (MM/D	D/YYYY)	Amount
он	43085		10/10/2017	12000.00
Full Name of Contributor Reg			Registration Number	er, if PAC
Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН				
Full Name of Contributor			Registration Number, if PAC	
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dress Employer/Occupation/Labor Organization*			L	Form (Cash, Check, etc.)
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН				
Full Name of Contributor		Registration Number, if PAC		
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН				
	City of V State OH Employer City of V State OH Employer State OH Employer State OH State OH State OH	City of Worthington State Zip Code OH 43085 Employer/Occupation/Labor Or City of Worthington State Zip Code OH 43085 Employer/Occupation/Labor Or State Zip Code OH Employer/Occupation/Labor Or State Zip Code OH State Zip Code OH Employer/Occupation/Labor Or State Zip Code OH State Zip Code	State Zip Code OH 43085 Employer/Occupation/Labor Organization* City of Worthington State Zip Code Date (MM/D OH 43085 Employer/Occupation/Labor Organization* State Zip Code Date (MM/D OH Date (MM/D State Zip Code Date (MM/D OH Employer/Occupation/Labor Organization* State Zip Code Date (MM/D OH Employer/Occupation/Labor Organization* State Zip Code Date (MM/D OH Employer/Occupation/Labor Organization*	State Zip Code Date (MM/DD/YYYY) OH 43085 Date (MM/DD/YYYY) Registration Numb Employer/Occupation/Labor Organization* City of Worthington State Zip Code Date (MM/DD/YYYY) OH 43085 Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH Registration Numb Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) OH Registration Numb Employer/Occupation/Labor Organization*

*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	12200.00