31-	Α
R.C.	3517.10

## **Statement of Contributions Received**

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Prescribed by Secretary of State 2/01

lame of Committee in Full						
SWEA-EPAC			Registration	Number, if PA	.C	
Full Name of Contributor			registration			
Full Name of Contributor $OEA-FCPE$ Street Address $AASEBroad$ City	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)	
City	State O /-/	Zip Code 4 3 21 5	M I			
Full Name of Contributor			Registration	Number, if PA	AC .	
Street Address	Employer/Occup			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registration	Registration Number, if PAC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registration	n Number, if P	ÁC	
Street Address	Employer/Occu			Form (Cash, Check, etc.)		
City	State	Zip Code	M	DY	Amount	
Full Name of Contributor			Registratio	n Number, if F	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor		<u> </u>	Registratio	on Number, if I	PAC	
Street Address	Employer/Occupation/Labor Organization •				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor		Registratio	Registration Number, if PAC			
Street Address	Employer/Occi	<u> </u>	Form (Cash, Check, et			
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registrati	on Number, if	PAC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.	
City	State	Zip Code	М	D Y	Amount	

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]