



Statement of Contributions Received

Form 31-A

ORC 3517.10

Conley For Council				
ull Name of Contributor			Registration Nu	ımber, if PAC
Diane Jean Conley				
itreet Address	Employ	er/Occupation/Labo	or Organization*	Form (Cash, Check, etc.)
25 Westgreen Lane]			Check
Sity	State	Zip Code	Date (MM/DD/YYYY)	Amount
Vesterville	ОН	43082	11/06/20	19 5016.11
			Registration N	umber, if PAC
Full Name of Contributor			, nogenous and	
			or Organization*	Form (Cash, Check, etc.)
Street Address	Employ	Employer/Occupation/Labor Organization*		
				Amount
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration N	umber, if PAC
Street Address	Employ	yer/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
ONY				
5. II N of Contributor			Registration N	lumber, if PAC
Full Name of Contributor			1	
	Emplo	ver/Occupation/Lah	or Organization*	Form (Cash, Check, etc.)
Street Address	Emplo	yer/Occupation/Lab	oor Organization*	Form (Cash, Check, etc.)
Street Address				
Street Address City	Emplo State	yer/Occupation/Lab	Date (MM/DD/YYYY)	Form (Cash, Check, etc.) Amount
			Date (MM/DD/YYYY)	Amount
			Date (MM/DD/YYYY)	
City	State	Zip Code	Date (MM/DD/YYYY) Registration I	Amount Number, if PAC
City	State		Date (MM/DD/YYYY) Registration I	Amount
City Full Name of Contributor	State	Zip Code	Date (MM/DD/YYYY) Registration I	Amount Number, if PAC
City Full Name of Contributor	State	Zip Code	Date (MM/DD/YYYY) Registration I	Amount Number, if PAC

*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)]

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