



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
People for Page				
Full Name of Contributor			Registration Number, if PAC	
31-E Total Contributions Received at a Social or Fund-Raising Event				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
				Checks
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH		09/13/2017	\$6400.00
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			
Full Name of Contributor			Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]