



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Mifflin Township Public Safety				
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrocks Hill Ct		Employer/Occupation/Labor Organization* Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43229	Date (MM/DD/YYYY) 10/16/2019	Amount \$500.00
Full Name of Contributor Mifflin Township Local 2818 Professional Firefighters			Registration Number, if PAC	
Street Address PO Box 30162		Employer/Occupation/Labor Organization* Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 10/31/2019	Amount \$500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	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)]