



Committee Name		Election Date (MM/DD/YYYY)		Type of Election	
Street Address		City		State	Zip
Candidate Name		Treasurer Name			Office Sought

Contribution Information

Full Name of Contributor				Registration Number, if PAC	
Street Address			City		State Zip
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc)	Date (MM/DD/YYYY)	Amount	

Full Name of Contributor				Registration Number, if PAC	
Street Address			City		State Zip
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc)	Date (MM/DD/YYYY)	Amount	

Full Name of Contributor				Registration Number, if PAC	
Street Address			City		State Zip
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc)	Date (MM/DD/YYYY)	Amount	

Full Name of Contributor				Registration Number, if PAC	
Street Address			City		State Zip
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc)	Date (MM/DD/YYYY)	Amount	

*Required for contributions over \$100

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Instructions for Two-Business-Day Statement Form 30-C

This form is filed by the campaign committee of the joint candidates for the offices of governor and lieutenant governor or of a candidate for the office of secretary of state, auditor of state, treasurer of state, or attorney general, or by the campaign committee of a candidate for the office of chief justice or justice of the supreme court if, beginning on the nineteenth day before the general election in which the candidate seeks election to office and extending through the day of the general election, the campaign committee receives a contribution from any one contributor that causes the **aggregate amount** of contributions received from that contributor during that period to equal or exceed \$10,000.

This statement must be filed not later than two business days after receipt of the contribution that causes the aggregate amount of contributions during this period to equal or exceed \$10,000. Contributions reported on a two-business-day statement shall also be included in the post-general election statement required to be filed by the campaign committee pursuant to R.C. 3517.10(A)(2).

Committee Information

The campaign committee must provide the full name and address of the committee, including any treasurer of the committee filing this statement. The name of the candidate and office sought is also required. Provide the date of the general election in which the statewide candidate seeks election to office.

Contribution Information

For each contribution, list the full name and address of each person, political party, campaign committee, legislative campaign fund, political action committee, or political contributing entity from whom contributions are received and the registration number assigned to the political action committee, if applicable.

List the month, day, and year of the receipt of the contribution that causes the aggregate amount of contributions during this period to equal or exceed \$10,000. The date should be completed in mm/dd/yy format. Also list the total aggregate amount of contributions during this period.

Current employer information, if any, is required if the committee receives a contribution from an individual. If the individual is self-employed, the individual's occupation and the name of the individual's business, if any, are required. If two or more employees contribute via payroll deduction, the labor organization of which the employees are members, if any, is required.

Signature

R.C. 3517.10(C)(1) requires this statement to be signed by the person completing the form. R.C. 3517.081(A) requires the campaign treasurer or deputy treasurer to file all statements required under R.C. 3517.10.

The information contained in this report is made under the penalty of election falsification. Whoever commits election falsification is guilty of a felony of the fifth degree.

Attach additional pages as necessary. Complete the page number information for each page.

This form only may be sent by email to the Office of the Secretary of State at the following number address:
CFforms@ohiosecretaryofstate.gov