



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee COMMITTEE TO EXTEND PROGRESS				
Full Name of Contributor KEGLER, BROWN, HILL + RITTER CO., LPA			Registration Number, if PAC	
Street Address 65 E. STATE STREET, SUITE 1800	Employer/Occupation/Labor Organization* MICHELLE KONDAS		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/05/2018	Amount 750.00
Full Name of Contributor PAUL RITTER			Registration Number, if PAC	
Street Address 65 E. STATE ST, FL 18	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/06/2018	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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)]