



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		·				
Friends of Dan Headapohl						
Full Name of Contributor				Registration Number, if PAC		
Dan Headapohl						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1252 Hope Ave.	Right of Way Agent /			AEP	cash	
City	State	Zip Code	Code Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43212		10/02/2017	52.00	
ull Name of Contributor				Registration Number, if PAC		
Brian Ball						
Street Address	Employer/Occupation/Labor Organization*			 -	Form (Cash, Check, etc.)	
1317 Mulford Ave.	1	ournalis.	+		cash	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	он	43212	10	/25/2017	20.00	
Full Name of Contributor Registrati				Registration Number	er, if PAC	
Steve Gladman						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
961 Grandview Ave.	President - Housing			Trust	Visa	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43212	11/04/2017		50.00	
Full Name of Contributor				Registration Number, if PAC		
Tim Galvin				·		
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)	
1314 Wyndotte Rd.	CE	0 - Brentor	Co.		check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43212		10/13/2017	100.00	
ill Name of Contributor				Registration Number, if PAC		
Ellen Donnelly						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8355 E. Snodgrass Rd.		retired				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Conover	OH	45317	10/14/2017		20.18	

^{*}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)]