



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Tricia Sprankle				
Full Name of Contributor Tricia Sprankle			Registration Number, if PAC	
Street Address 877 Cordero Lane		Employer/Occupation/Labor Organization* Self/Law Office of Tricia A. Sprankle, LLC		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/06/19	Amount 250.00
Full Name of Contributor Arlene Sprankle			Registration Number, if PAC	
Street Address 314 Galaxy Dr.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Chek
City Dover	State OH	Zip Code 44622	Date (MM/DD/YYYY) 4/19/19	Amount 100.00
Full Name of Contributor Melanie Evans			Registration Number, if PAC	
Street Address 153 Park Place Circle		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Palm Coast	State FL	Zip Code 32164	Date (MM/DD/YYYY) 4/19/19	Amount 30.00
Full Name of Contributor Brian and Jennifer McHugh			Registration Number, if PAC	
Street Address Fallow Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 05/06/19	Amount 50.00
Full Name of Contributor Matthew McGowen			Registration Number, if PAC	
Street Address 4838 Cedar Brook Ct		Employer/Occupation/Labor Organization* Staffmark/Market Manager		Form (Cash, Check, etc.) Paypal
City Liberty Township	State OH	Zip Code 45011	Date (MM/DD/YYYY) 05/05/19	Amount 20.00

*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)]

Page Total \$450.00