



Statement of Contributions Received

Page 1/2

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Nancy Gillespie				
Full Name of Contributor Brenda (BF) Sims			Registration Number, if PAC	
Street Address 283 Center St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 10/01/2017	Amount \$20.00
Full Name of Contributor Leonardo Almeida			Registration Number, if PAC	
Street Address 3862 Abbie Lakes Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 09/28/2017	Amount \$15.00
Full Name of Contributor Mary Tedrow			Registration Number, if PAC	
Street Address 6269 Lithopolis Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 09/09/2017	Amount \$250.00
Full Name of Contributor Trudy Sarabia			Registration Number, if PAC	
Street Address 3859 Frostwood Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Beavercreek	State OH	Zip Code 45430	Date (MM/DD/YYYY) 09/18/2017	Amount \$45.00
Full Name of Contributor Nathan Slonaker			Registration Number, if PAC	
Street Address 178 W. 4th Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/11/2017	Amount \$100.00

*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 \$430.00