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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		1				
FRIENDS OF RAILLY	174	nevies				
Il Name of Contributor Registration Num				er, if PAC		
MATTENNINITH MUTUAL INSL	INSURANCE (BANGHAY PAIL COO) -34-102 Employer/Occupation/Labor Organization* PASH EMPLOYER State Zip Code Date (MM/DD/YYYY)				76174	
Street Address 1-34-102	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)	
PINE NATIONWIDE PLANT	State Zip Code Date (MM/DD/YYYY) OH 43,215 11/03/2017 Project time Number				CHECK	
City	State	Zip Code Date (MM/DD/YYYY)			Amount	
COMMBUS	ОН	43,215	11/0	3/2017	\$1,000,00	
Full Name of Contributor	I Name of Contributor Registration Num					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
	ОН					
Full Name of Contributor	<u></u>		<u></u>	Registration Numb	per, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
	ОН					
Full Name of Contributor			<u>.l</u>	Registration Number, if PAC		
Street Address Employer/Occupation/Labor Organization			rganization*	l	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
	он			,		
Full Name of Contributor	Rec			Registration Numb	legistration Number, if PAC	
					01, 11 7 7 10	
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cook Oberland)	
			O		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)			
	он		Date (MIMINDE	2(1111)	Amount	
		L	}			

*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)]

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