



Statement of Contributions Received

Form 31-A

ORC 3517.10

F. II Name of Occupation							
Full Name of Committee Elect Chad Queen							
Full Name of Contributor	Registration Number				er, if PAC		
Samuel Vermillion							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
6251 Tallowtree Dr.	Check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Hilliard	он 🔽	43026	4/27/2017		\$10.00		
Full Name of Contributor				Registration Number	er, if PAC		
Cathy Collins							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
3955 Hill Park Rd.	Check						
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Hilliard	ОН	43026		4/27/2017	\$25.00		
Full Name of Contributor	Registration Numb				er, if PAC		
Michael Tosko	hael Tosko						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4611 Mossrock Dr			Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Hilliard	ОН	43026	4/27/2017		\$50.00		
Full Name of Contributor		Registration Numb			er, if PAC		
Eleanor Speelman							
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)				
3815 Dayspring Dr.	Check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Hilliard	он 🔽	43026	4/27/2017		\$50.00		
Full Name of Contributor			er, if PAC				
Lynn Ogden							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6652 Eastland Rd.	Check				Check		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Worthington	ОН	43085	5/1/2017 \$25.0		\$25.00		

*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	\$160.00	