



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Jared Kamrass			Registration Number, if PAC	
Street Address 224 East 8th Street, Unit 208		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45202	Date (MM/DD/YYYY) 07/27/2017	Amount \$50.00
Full Name of Contributor David and Marie Crawford			Registration Number, if PAC	
Street Address 431 North Court Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Circleville	State OH	Zip Code 43113	Date (MM/DD/YYYY) 07/27/2017	Amount \$50.00
Full Name of Contributor David Massie			Registration Number, if PAC	
Street Address 1326 Trentwood Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/01/2017	Amount \$50.00
Full Name of Contributor Greg and Robin Comfort			Registration Number, if PAC	
Street Address 3390 London Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/05/2017	Amount \$100.00
Full Name of Contributor Wilmer and Patricia Hosket			Registration Number, if PAC	
Street Address 4721 Bayford Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/08/2017	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 \$350.00