



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor James Lynch			Registration Number, if PAC	
Street Address 1828 Harwitch Rd.		Employer/Occupation/Labor Organization* Self-Employed		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 1/2/19	Amount \$150.00
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Street Address 2612 Tremont Rd		Employer/Occupation/Labor Organization* Self-Employed		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 1/3/19	Amount \$250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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 **\$400.00**