

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Committee to Elect Amber Clark					
				Registration Numb	er, if PAC
Denise Young					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
117 Beech Road	<u> </u>				cash
City	State	Zip Code	, , , , , , , , , , , , , , , , , , , ,		Amount
Dejaware	ОН	43015	091	28/2017	60.064
Full Name of Contributor	Registration N			Registration Numb	er, if PAC
Gwen carrender					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
45 W. Palemont Rd				Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43202	0912	106/2017	8100.00
Full Name of Contributor				Registration Numb	er, if PAC
Carla wisard					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
668 Amor DC					check
City	State	Zip Code Date (MM/DD/YYYY)			Amount
Columbus	ОН	43235	10/10	12017	\$25.00
Full Name of Contributor	lame of Contributor Registratio				er, if PAC
marjorie Langston					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7919 Crawford Farms				cash	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Blacklick	ОН	43004	MID	4/2017	230
Full Name of Contributor Registrat				Registration Number	er, if PAC
Micholas Yackie					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
12181 Ballah Rd	}				Online crowdpac
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Orient	ОН	43140	09/25/2017		\$ 50.00

^{*}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)]