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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Ron McClure					
ull Name of Contributor				Registration Number, if PAC	
Street Address 2371 MILLIGAN GROVE	Employer/	Occupation/Labor Org	anization*		Form (Cash, Check, etc.)
GROVE Gry	State	Zip Code 43123	Date (MM/DD	•	Amount 500. 50
Full Name of Contributor MICHAEL L SCOTT				Registration Number	
Street Address 3021 SAWVER DR	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) 297 CHECK
GROYECITY (State	Zip Code 43123	Date (MM/DI	,	Amount \$100.
Full Name of Contributor (Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor	Re			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYY)	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)]