



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Full Name of Contributor				Registration Number, if PAC	
MERV MATTESON					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
164 Meadowlark				CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	OH	43214	10/16/2017	\$20.00	
Full Name of Contributor				Registration Number, if PAC	
TYLER MEHAFFEY					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
433 FAIRLAWN				CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	OH	43214	10/16/2017	\$100.00	
Full Name of Contributor				Registration Number, if PAC	
CORY MEHAFFEY					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
433 FAIRLAWN				CASH	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	OH	43214	10/16/2017	\$100.00	
Full Name of Contributor				Registration Number, if PAC	
ALBERT JABLONSKI					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4382 FAIROAKS DR				CASH	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	OH	43214	10/16/2017	\$20.00	
Full Name of Contributor				Registration Number, if PAC	
REGINA HICKOK					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
322 E. ROYAL FOREST				CASH	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
COLUMBUS	OH	43214	10/16/2017	\$20.00	

\*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)]