

Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
run Name or Committee					
Full Name of Contributor Registration Number, if PAC					
JMH PROPERTIES (BARBARA HART)					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4103 E. NATIONAL RD				CHECK	
	State	Zip Code	Date (MM/DI	ΟΛΥΥΥ <u>'</u>)	Amount
SPRINGFIED	ОН	45505	09/	26/2017	#100.00
Full Name of Contributor	Registration Number				er, if PAC
Jennifer FLOCKE	N				
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
810 OXTORD ST					CHECK
City	State	Zip Code	Date (MM/DI	DVYYYY)	Amount #50.00
WORTHINGTON	ОН	43085	09/2	4/2017	750.00
Full Name of Contributor	Registration				er, if PAC
DIXON Buehler					•
treet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
4233 Evansdale Rd					CHECK
City	State	Zip Code Date (MM/DD/YYYY)			Amount
COLUMBUS	ОН	43214	09/8	\$50.00	
Full Name of Contributor Registration					er, if PAC
JAMES MID, JR					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6659 HAYHURST ST.	<u></u>				CHECK
City / '	State	Zip Code	Date (MM/DI	DYYYY)	Amount
COLUMBUS	ОН	43085	09/2	8/2017	\$50.00
Full Name of Contributor	Registration N			Registration Number	er, if PAC
JOSEPH JACKSON					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
595 Center Words Di					CHECK
City	State	Zip Code Date (MM/DD/YYYY)		Amount	
COLUMBUS	ОН	43214	09/0	7/2017	\$50.0D

^{*}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)]