



Statement of Contributions Received

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Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Lori J Elmore					
Full Name of Contributor Accelerated Moving + Storage, Inc				Registration Number, if PAC	
Street Address 4001 Refugee Rd		Employer/Occupation/Labor Organization* SELF-EMPLOYED		Form (Cash, Check, etc.) CH	
City Cols	State OH	Zip Code 43232	Date (MM/DD/YYYY) 09/30/2017	Amount 250.00	
Full Name of Contributor Wendy K. Anderson				Registration Number, if PAC	
Street Address 1469 Cottingham Ct E		Employer/Occupation/Labor Organization* SELF-EMPLOYED		Form (Cash, Check, etc.) CH	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/30/2017	Amount 75.00	
Full Name of Contributor KENNY RAWLS				Registration Number, if PAC	
Street Address 765 HARRISONS GROVE RD		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CASH	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/30/2017	Amount 50.00	
Full Name of Contributor GRETA RUSSELL				Registration Number, if PAC	
Street Address 474 Bellamy Pl		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CH	
City Cols	State OH	Zip Code 43213	Date (MM/DD/YYYY) 09/30/2017	Amount 100.00	
Full Name of Contributor DANIEL D FURBER				Registration Number, if PAC	
Street Address 8656 LAKE DR Rd		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CH	
City Hebron, OH	State OH	Zip Code 43025	Date (MM/DD/YYYY) 09/30/2017	Amount 25.00	

*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)]