



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Ron McClure				
Full Name of Contributor JOHN R. JONES			Registration Number, if PAC	
Street Address 350 FRANK RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK 3861
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43207	Date (MM/DD/YYYY) 09/11/2019	Amount \$ 250.00
Full Name of Contributor DOUGLAS W MCCLURE			Registration Number, if PAC	
Street Address 2757 MARTHA COURT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City GROVE CITY	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/16/2019	Amount \$ 20.00
Full Name of Contributor ADAM P. SHOEMAKER			Registration Number, if PAC	
Street Address 3012 WYNSTONE COURT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/16/2019	Amount \$ 380.00
Full Name of Contributor ANTHONY O ANDERSON			Registration Number, if PAC	
Street Address 4318 STONER DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/17/2019	Amount \$ 200.00
Full Name of Contributor KENNETH E FEIL			Registration Number, if PAC	
Street Address 5902 BIRCH BARK CIRCLE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 09/19/2019	Amount \$ 100.00

*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)]