



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Schregardus				
Full Name of Contributor Melissa Will			Registration Number, if PAC	
Street Address 5800 Plank Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/05/2017	Amount 40.00
Full Name of Contributor Linda Magato			Registration Number, if PAC	
Street Address 2047 West Lane Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/18/2017	Amount 25.00
Full Name of Contributor Total Contributions From Form 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY) 07/19/2017	Amount 1,325.00
Full Name of Contributor Brian Frasure			Registration Number, if PAC	
Street Address 5809 Jasonway Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/18/2017	Amount 1.00
Full Name of Contributor Jayme Staley			Registration Number, if PAC	
Street Address 4939 Cemetary Road, Hilliard 43026		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/20/2017	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)]

Page Total 1,491.00