



## **Statement of Contributions Received**

Form 31-A

ORC	3517.10	

Loni Williams  Street Address 6405 Darling Rd.  City State OH 43004  Street Milliams  Street Address 6405 Darling Rd.  City State OH 43004  Date (MM/DD/YYYY) Amount 03/20/2018  65.00  Registration Number, if PAC  Connie Phillips  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State City State City OH 43235  Date (MM/DD/YYYY) Amount 03/20/2018  Registration Number, if PAC  Columbus  Registration Number, if PAC  City State City	Full Name of Committee					
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Street Address 6405 Darling Rd.  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City Blacklick OH 43004 Date (MM/DD/YYYY) Registration Number, if PAC  Registration Number, if PAC  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check Connie Phillips  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City State Zip Code Date (MM/DD/YYYY) Amount Columbus  Full Name of Contributor Lettie Huyghe  Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) check City State Zip Code Date (MM/DD/YYYY) Amount City Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) Check City State Zip Code Date (MM/DD/YYYY) Amount City Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) City State Zip Code Date (MM/DD/YYYY) Amount City State Zip Code Date (MM/DD/YYYY) Amount City City State Zip Code Date (MM/DD/YYYYY) Amount City City State Zip Code Date (MM/DD/YYYYY) Amount City City City City City City City Cit	Full Name of Contributor		<u>-</u>	er, if PAC		
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Full Name of Contributor  Connie Phillips  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   Check   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   Columbus   OH   43235   State   Zip Code   Date (MM/DD/YYYY)   Amount   Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   City   State   Zip Code   Date (MM/DD/YYYY)	City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Connie Phillips  Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   Check   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   Columbus   OH   43235   O3/20/2018   Full Name of Contributor   Registration Number, if PAC   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   City   State   Zip Code   Date (MM/DD/YYYYY)   Amount   City	Blacklick	ОН	43004		03/20/2018 65.00	
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Columbus  OH 43235  O3/20/2018  50.00  Registration Number, if PAC  Lettie Huyghe  Street Address  7945 Clark State Rd.  City  Blacklick  OH  43004  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  check  Amount  100.00  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Registration Number, if PAC	5427 Coral Berry Dr.		check			
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Full Name of Contributor    Registration Number, if PAC	City	State	Zip Code	Date (MM/DD/YYYY)		Amount
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\*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)]

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