

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Committee to Elect Amber Clark						
Full Name of Contributor Registration Num				er, if PAC		
Kathicen melafferty						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
409 E. Weber Road				online grotper		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43202	09/29/2017		\$ 50.00	
Full Name of Contributor	Registration Numb				er, if PAC	
Benjamin Santo						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4551 Finch Lane				Online Crowdpar		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Canal Winchester	ОН	43110	10/03	12017	\$250.00	
Full Name of Contributor	Registration Numb				er, if PAC	
Amelia Grittani						
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
2587 Roberts Court					online	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Hillard	он	43026	10/1	7/2017	\$50.00	
Full Name of Contributor	Registration Number, if PAC					
Latherine Brockman						
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
705 Lakeview Or				Check		
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
west Jefferson	ОН	43162	912	512017	\$ 50.00	
Full Name of Contributor Registration Number					er, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DD/YYYY) Am		Amount	
	ОН					

^{*}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)]