



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Kathryn Arnold			Registration Number, if PAC	
Street Address 3140 Stonehenge Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/12/2017	Amount \$200.00
Full Name of Contributor Mark Evans			Registration Number, if PAC	
Street Address 971 Landings Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 10/12/2017	Amount \$100.00
Full Name of Contributor Samuel Porter III			Registration Number, if PAC	
Street Address 1770 Andover Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/12/2017	Amount \$100.00
Full Name of Contributor Karl Fahrbach			Registration Number, if PAC	
Street Address 2625 Wexford Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/12/2017	Amount \$100.00
Full Name of Contributor Larry and Patty Lilly			Registration Number, if PAC	
Street Address 2641 Alliston Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43229	Date (MM/DD/YYYY) 10/13/2017	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)]