



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee EXPERIENCE COUNTS IN WORTHINGTON				
Full Name of Contributor ROSEMARY EBNER POMEROY			Registration Number, if PAC	
Street Address 273 HEISCHMAN AVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/19/2017	Amount 100
Full Name of Contributor REBECCA L PRINCEHORN			Registration Number, if PAC	
Street Address 6179 MAXTON PL	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/22/2017	Amount 200
Full Name of Contributor MICHAEL C TROPER			Registration Number, if PAC	
Street Address 85 HIGHLAND AVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/25/2017	Amount 350
Full Name of Contributor DAVID M NORSTROM			Registration Number, if PAC	
Street Address 210 HARDY WAY	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City WORTHINGTON	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/25/2017	Amount 350
Full Name of Contributor PAUL T MCGOWAN			Registration Number, if PAC	
Street Address 4698 DUNDEE AVE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43227	Date (MM/DD/YYYY) 10/25/2017	Amount 300

*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)]