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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee EXPERIENCE COUNTS IN WORTHINGTON Full Name of Contributor ROSEMARY EBNER POMERCY Street Address 273 HEISCHMAN AVE City WORTHINGTON Full Name of Contributor REgistration Number, if PAC							
ROSEMARY EBNER POMEROY Street Address 273 HEISCHMAN AVE Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CHECK City State Zip Code Date (MM/DD/YYYY) Amount 10/19/2017 100 Full Name of Contributor REBECCA L PRINCEHORN Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) CHECK City State Zip Code Date (MM/DD/YYYY) Amount OH 43085 Date (MM/DD/YYYY) Amount OH 43085 Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC CHECK City Registration Number, if PAC Registration Number, if PAC Registration Number, if PAC CHECK City State Zip Code Date (MM/DD/YYYY) Amount CHECK City State Zip Code Date (MM/DD/YYYY) Amount CHECK Registration Number, if PAC CHECK	Full Name of Committee EXPERIENCE COUNTS IN WORTHINGTON						
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Full Name of Contributor Registration Number, if PAC	! -					er, if PAC	
PAUL T MCGOWAN	PAUL T MCGOWAN						
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4698 DUNDEE AVE	4698 DUNDEE AVE					CHECK	
City State Zip Code Date (MM/DD/YYYY) Amount	City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
COLUMBUS OH 43227 10/25/2017 300	COLUMBUS	OH	43227	10/25/2017		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)]