

**JON HUSTED**

Ohio Secretary of State

**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Campaign Finance | (614) 466-3111

www.OhioSecretaryofState.gov

cfinance@OhioSecretaryofState.gov

|                                                        |                    |                                         |                                      |                                          |
|--------------------------------------------------------|--------------------|-----------------------------------------|--------------------------------------|------------------------------------------|
| Full Name of Committee<br><b>WERTHER FOR WHITEHALL</b> |                    |                                         |                                      |                                          |
| Full Name of Contributor<br><b>ROBERT GOODIN</b>       |                    |                                         | Registration Number, if PAC          |                                          |
| Street Address<br><b>13829 OLDEPOST RD</b>             |                    | Employer/Occupation/Labor Organization* |                                      | Form (Cash, Check, etc.)<br><b>CASH</b>  |
| City<br><b>PICKERINGTOWN</b>                           | State<br><b>OH</b> | Zip Code<br><b>43147</b>                | Date (MM/DD/YYYY)<br><b>08/06/17</b> | Amount<br><b>\$100.00</b>                |
| Full Name of Contributor<br><b>JAMES GRAHAM</b>        |                    |                                         | Registration Number, if PAC          |                                          |
| Street Address<br><b>644 GREENWOOD RD.</b>             |                    | Employer/Occupation/Labor Organization* |                                      | Form (Cash, Check, etc.)<br><b>CHECK</b> |
| City<br><b>COLUMBUS</b>                                | State<br><b>OH</b> | Zip Code<br><b>43213</b>                | Date (MM/DD/YYYY)<br><b>08/12/17</b> | Amount<br><b>\$75.00</b>                 |
| Full Name of Contributor                               |                    |                                         | Registration Number, if PAC          |                                          |
| Street Address                                         |                    | Employer/Occupation/Labor Organization* |                                      | Form (Cash, Check, etc.)                 |
| City                                                   | State<br><b>OH</b> | Zip Code                                | Date (MM/DD/YYYY)                    | Amount                                   |
| Full Name of Contributor                               |                    |                                         | Registration Number, if PAC          |                                          |
| Street Address                                         |                    | Employer/Occupation/Labor Organization* |                                      | Form (Cash, Check, etc.)                 |
| City                                                   | State<br><b>OH</b> | Zip Code                                | Date (MM/DD/YYYY)                    | Amount                                   |
| Full Name of Contributor                               |                    |                                         | Registration Number, if PAC          |                                          |
| Street Address                                         |                    | Employer/Occupation/Labor Organization* |                                      | Form (Cash, Check, etc.)                 |
| City                                                   | State<br><b>OH</b> | Zip Code                                | Date (MM/DD/YYYY)                    | Amount                                   |

\*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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| Page Total | <b>\$175.00</b> |
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