



## **Statement of Contributions Received**

ORC 3517.10

Full Name of Committee					
Friends for Amy Lloyd					
Full Name of Contributor Registration Numl					er. if PAC
Kari Vernon				, , , , , , , , , , , , , , , , , , ,	,
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
489 Olenwood Ave	Employer/Occupation/Labor Organization*				online
	State	Zip Code	D-4- (4414/DE	20000	Amount
City	OH	43085	Date (MM/DD/YYYY) 10/20/2017		
Worthington		43065			
Full Name of Contributor				Registration Numb	er, if PAC
Katherine Weyrauch					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
308 Loveman Ave					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085	10/20/2017		100
Full Name of Contributor				Registration Numb	er, if PAC
Ray Lees					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6587 Masefield St					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Worthington	ОН	43085	11/05/2017		70
Full Name of Contributor			•	Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	ОН				
Full Name of Contributor Registration No.				Registration Numb	er, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		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)]

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