



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Mark Abate				
Full Name of Contributor William and Connie Abate			Registration Number, if PAC	
Street Address 12945 Weaver Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Marysville	State OH	Zip Code 43040	Date (MM/DD/YYYY) 08/04/2017	Amount \$500
Full Name of Contributor Casey Clark			Registration Number, if PAC	
Street Address 2032 N. Utah Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Arlington	State VA <input checked="" type="checkbox"/>	Zip Code 22207	Date (MM/DD/YYYY) 09/27/2017	Amount \$96.80
Full Name of Contributor Mark Abate - Loan			Registration Number, if PAC	
Street Address 3024 Hemlock Edge Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/05/2017	Amount 200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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)]