



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b>				
Full Name of Contributor Tim Hamilton			Registration Number, if PAC	
Street Address 15220 Hagenderfer Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Plain City	State OH	Zip Code 43064	Date (MM/DD/YYYY) 10/13/2017	Amount \$100.00
Full Name of Contributor Kathleen Maggied			Registration Number, if PAC	
Street Address 8962 Roberts Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 10/13/2017	Amount \$50.00
Full Name of Contributor Diana Voigt			Registration Number, if PAC	
Street Address 808 Graylock Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 10/13/2017	Amount \$50.00
Full Name of Contributor Pam Geis			Registration Number, if PAC	
Street Address 7797 Hayden Run Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/13/2017	Amount \$100.00
Full Name of Contributor Peggy Franklin			Registration Number, if PAC	
Street Address 1094 Amity Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 10/14/2017	Amount \$100.00

\*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)]