

JON HUSTED
Ohio Secretary of State



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Statement of Contributions Received

Form 31-A

ORC 3517.10

| | | | | |
|---|--------------------|---|--|--|
| Full Name of Committee Walsh for Madison Township | | | | |
| Full Name of Contributor Mark Walsh | | | Registration Number, if PAC | |
| Street Address 4444 Winchester Pike | | Employer/Occupation/Labor Organization* Electrician | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43232 | Date (MM/DD/YYYY) 10/30/2017 | Amount 1500.00 |
| Full Name of Contributor Mary Stone | | | Registration Number, if PAC | |
| Street Address 3456 Daglow Road | | Employer/Occupation/Labor Organization* DFAS | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43232 | Date (MM/DD/YYYY) 11/13/2017 | Amount 150.00 |
| 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 |
| 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)]

Page Total 1650.00