



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Kromer for Council				
Full Name of Contributor Joseph Spagnuolo			Registration Number, if PAC	
Street Address 2643 Jackie Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westlake	State OH	Zip Code 44145	Date (MM/DD/YYYY) 06/27/2017	Amount \$50.00
Full Name of Contributor Thomas Rankin			Registration Number, if PAC	
Street Address 30625 Cottage Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westlake	State OH	Zip Code 44145	Date (MM/DD/YYYY) 07/02/2017	Amount \$250.00
Full Name of Contributor Debra Michaels			Registration Number, if PAC	
Street Address 167 Vivienne Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Castle	State PA <input type="checkbox"/>	Zip Code 16105	Date (MM/DD/YYYY) 07/17/2017	Amount \$100.00
Full Name of Contributor Christopher Kromer			Registration Number, if PAC	
Street Address 3226 Byrnwyck Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Findlay	State OH	Zip Code 45840	Date (MM/DD/YYYY) 08/02/2017	Amount \$100.00
Full Name of Contributor Karen Gallop			Registration Number, if PAC	
Street Address 111 Camforth Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Mooresville	State NC <input type="checkbox"/>	Zip Code 28117	Date (MM/DD/YYYY) 08/05/2017	Amount \$25.00

\*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)]

Page Total \$ 525.00