



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee People for Page				
Full Name of Contributor Andrew Showe			Registration Number, if PAC	
Street Address 45 North Fourth Street	Employer/Occupation/Labor Organization* Realtor		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/29/17	Amount 250.00
Full Name of Contributor Dimitri Hatzifotinos			Registration Number, if PAC	
Street Address 1294 W. 1st Avenue	Employer/Occupation/Labor Organization* Lawyer		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 11/29/17	Amount 500.00
Full Name of Contributor Columbus Apartment Association PAC			Registration Number, if PAC OH146	
Street Address 1225 Dublin Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/29/17	Amount 500.00
Full Name of Contributor Steven Gladman			Registration Number, if PAC	
Street Address 175 S. 3rd Street	Employer/Occupation/Labor Organization* Executive Director		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/27/17	Amount 100.00
Full Name of Contributor Kathlynn Espy			Registration Number, if PAC	
Street Address 1350 Brookwood Place	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 11/4/17	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)]