



Full Name of Committee ABBY VALUE FOR OUR CHILDREN				
Full Name of Contributor MICHAEL MERCURIO			Registration Number, if PAC	
Street Address 432 FAIRLAWN DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/24/2017	Amount \$100.00
Full Name of Contributor RICHARD GORE			Registration Number, if PAC	
Street Address 43 BRICKEL ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2017	Amount \$75.00
Full Name of Contributor MOLLY DAVIS			Registration Number, if PAC	
Street Address 509 VILLAGE DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/27/2017	Amount \$100.00
Full Name of Contributor DEB COLVIN-TENER			Registration Number, if PAC	
Street Address 240 COLLINS AVE. #8		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/27/2017	Amount \$25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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)]