



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Maria Olga Howie			Registration Number, if PAC	
Street Address 4100 Edgehill Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 06/08/2017	Amount \$100.00
Full Name of Contributor Amanda Sass			Registration Number, if PAC	
Street Address 2340 Canterbury Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/08/2017	Amount \$75.00
Full Name of Contributor Michael Albrecht			Registration Number, if PAC	
Street Address 30407 Wood Oak Circle	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Westlake	State OH	Zip Code 44145	Date (MM/DD/YYYY) 06/08/2017	Amount \$50.00
Full Name of Contributor Kristen O'Brien			Registration Number, if PAC	
Street Address 2399 Canterbury Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/09/2017	Amount \$75.00
Full Name of Contributor William and Jocelyn Dunlap			Registration Number, if PAC	
Street Address 2559 Welsford Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/09/2017	Amount \$500.00

*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 \$800.00