



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FLEMING FOR GROVE CITY				
Full Name of Contributor CHRISTOPHER WILLIAMS			Registration Number, if PAC NA	
Street Address 3180 GUFFEY DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 08/23/2017	Amount \$500.00
Full Name of Contributor JEFFREY DAVIS			Registration Number, if PAC NA	
Street Address 2694 HANARRY CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 08/26/2017	Amount \$151.00
Full Name of Contributor DR. JASON FELTZ			Registration Number, if PAC NA	
Street Address 3711 BROADWAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 08/20/2017	Amount \$1,000.00
Full Name of Contributor LORETTA E JOHNSON			Registration Number, if PAC NA	
Street Address 3370 TAREYTON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/16/2017	Amount \$50.00
Full Name of Contributor SHIRLEY A SPELLMAN			Registration Number, if PAC NA	
Street Address 6120 IROQUOIS CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/18/2017	Amount \$50.00

*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)]