



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Ted Berry				
Full Name of Contributor James Laws			Registration Number, if PAC	
Street Address 2408 Arlington		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 11/1/17	Amount 250.00
Full Name of Contributor Dan Hilson			Registration Number, if PAC	
Street Address 4281 Olmsted Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 11/1/17	Amount 150.00
Full Name of Contributor Committee for Ron Obrien			Registration Number, if PAC	
Street Address 865 Macon ALY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 11/1/17	Amount 100.00
Full Name of Contributor Buckeye Tint LLC			Registration Number, if PAC	
Street Address 3420 Mill St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/29/17	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]