

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Full Name of Contributor Re				Registration Number	egistration Number, if PAC	
Schnifer GRINSTE						
182 Westwood Rd.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State Zip Code Date (MM/DD/YYY) OH			Amount # 200.00		
Full Name of Contributor	<u> </u>	42014	00/10	Registration Number		
HOPE ROBERTS	T				Form (Cook, Obesit, etc.)	
418 E. Weisheimer Rd.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
COLUMBUS	State OH	Zip Code 43214	Date (MM/DI	0mm 1/2017	Amount #100.00	
Full brame of Contributor Registration Number					er, if PAC	
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Street Address 418 E. Weisheimer Rd					CHECK	
COLUMBUS	State OH	121p Code Date (MM/DD/YYY) 123214 08/26/2017			#100.00	
Full Name of Contributor	Registration Number				er, if PAC	
BRVAN BABCOC	<u>L</u>					
Street Address 7 537 BRADLEY ST.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City	State OH	2ip Code 432-0	Date (MM/DI	01/2017	#100.00	
Full Negret of Contributor Registration Number					er, if PAC	
SALLY KOGERS					Form (Cash, Check, etc.)	
153 Chase Rd.	Employer/Occupation/Labor Organization*				CASIL	
Full Name of Contributor SALLY ROSERS Street Address 153 Chase Rd. City COLUMBUS	State OH	Tate Zip Code Date (MM/DD/YYYY) OH 43214 09/21/2017			# みり,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)]