



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee

Full Name of Contributor JENNIFER GRINSTEAD			Registration Number, if PAC	
Street Address 182 Westwood Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/18/2017	Amount \$200.00

Full Name of Contributor HOPE ROBERTS			Registration Number, if PAC	
Street Address 418 E. Weisheimer Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/27/2017	Amount \$100.00

Full Name of Contributor DIANA KUBOVCIK			Registration Number, if PAC	
Street Address 418 E. Weisheimer Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/26/2017	Amount \$100.00

Full Name of Contributor BRYAN BABCOCK			Registration Number, if PAC	
Street Address 537 BRADLEY ST.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43201	Date (MM/DD/YYYY) 09/01/2017	Amount \$100.00

Full Name of Contributor SALLY ROGERS			Registration Number, if PAC	
Street Address 153 Chase Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/21/2017	Amount \$20.00

*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)]