



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Teater for Hilliard				
Full Name of Contributor Angelo Serra			Registration Number, if PAC	
Street Address 4240 Abbey Chase Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/03/2017	Amount \$50.00
Full Name of Contributor Lisa A. Whiting			Registration Number, if PAC	
Street Address 801 Thorncrest Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 11/03/2017	Amount \$50.00
Full Name of Contributor Patricia Rooney Burger			Registration Number, if PAC	
Street Address 5941 Hayden Run Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/15/2017	Amount \$25.00
Full Name of Contributor Michael Rader			Registration Number, if PAC	
Street Address 5604 Greystone Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/15/2017	Amount \$25.00
Full Name of Contributor Robyn D. Redfern			Registration Number, if PAC	
Street Address 4198 Maystar Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/15/2017	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)]