



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> COMMITTEE TO EXTEND PROGRESS				
Full Name of Contributor EMH&T, INC.			Registration Number, if PAC	
Street Address 5500 NEW ALBANY ROAD	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/17/2018	Amount 3000.00
Full Name of Contributor G. ROSS BRIDGMAN			Registration Number, if PAC	
Street Address 345 FAIRWAY CIRCLE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43213	Date (MM/DD/YYYY) 09/18/2018	Amount 1000.00
Full Name of Contributor PLAZA PROPERTIES, INC.			Registration Number, if PAC	
Street Address 3016 MARYLAND AVENUE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/18/2018	Amount 2500.00
Full Name of Contributor THE WASSERSTROM COMPANY			Registration Number, if PAC	
Street Address P.O. BOX 182056	Employer/Occupation/Labor Organization* BRAD WASSERSTROM		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43218	Date (MM/DD/YYYY) 10/02/2018	Amount 3000.00
Full Name of Contributor KEGLER, BROWN, HILL & RITTER PAC			Registration Number, if PAC CP648	
Street Address 65 E. STATE ST., SUITE 1800	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/05/2018	Amount 500.00

\*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)]

Page Total 10000.00