

Statement of Contributions Received

Form 31-A

ORC 3517.10 Full Name of Committee fia Dublin Full Name of Contributor Registration Number, if PAC MARCIA Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization* 8323 AMB & LEI BY WAN CHECK Zip Code Date (MM/DD/YY,YY) State 9 24 17 150.00 DUBLIN U3017 BHW Full Name of Contributor Registration Number, if PAC SCOTT ATWAY Form (Cash, Check, etc.) Employer/Occupation/Labor Organization* 1080 RETRUST LAME CHELK Zip Code State Date (MM/DD/YYYY) PULLELL 43665 9 24 17 150.00 OHID Registration Number, if PAC JOANNA Form (Cash, Check, etc.) Street Address Employer/Occupation/Labor Organization* IDSD RETREAT LANE CHELL City State Zip Code Date (MM/DD/YYYY) Amount 43065 9/24/7 150.00 DINU PAUELL Full Name of Contributor Registration Number, if PAC becon Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) 7195 RIVERSIDE DRIVE CHECK Date (MM/DD/YYYY) State City Zip Code Amount 09/29/17 150.00 DUBLA DUID こくど Full Name of Contributor Registration Number, if PAC MARIAN BELDI Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization* 2195 RULESIDE DZ. LINELY Zip Code Date (MM/DD/YYYY) City Amount State 9/29/17 DUBLIN MID DOEN

^{*}Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is selfemployed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more BAGE TOTAL ST 750.60