



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens to Elect John Pritchard				
Full Name of Contributor Gary York			Registration Number, if PAC	
Street Address 401 Cherry Street	Employer/Occupation/Labor Organization* Madison Township/Police Chief		Form (Cash, Check, etc.) Check	
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 08/19/2019	Amount \$100.00
Full Name of Contributor Bright Innovations, LLC			Registration Number, if PAC	
Street Address 5141 Bixford Avenue	Employer/Occupation/Labor Organization* Rental Properties		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 10/01/2019	Amount \$250.00
Full Name of Contributor Bob Ward Construction			Registration Number, if PAC	
Street Address 5141 Bixford Avenue	Employer/Occupation/Labor Organization* Construction		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 10/01/2019	Amount \$250.00
Full Name of Contributor John J. Pritchard			Registration Number, if PAC	
Street Address 4887 Bay Grove Court	Employer/Occupation/Labor Organization* DLA/Attorney		Form (Cash, Check, etc.) Cash	
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 10/14/2019	Amount \$150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]