

JON HUSTED Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of PR Casey					
Full Name of Contributor Registration Numb				er, if PAC	
David Radis					; ;
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
300 Beech Crt	electronic Paypal donation				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Aurora		44202		08/14/2017	\$100.00
Full Name of Contributor				Registration Number	er, if PAC
Eve O. Casey					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Ch				Form (Cash, Check, etc.)
8309 Linton Blvd	Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus		43235		08/18/2017	\$50.00
Full Name of Contributor Registration Number					er, if PAC
Patrice Casey Spitzer					!
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
315 E Front St					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Perrysburg		43551		08/16/2017	\$250.00
Full Name of Contributor Registration Numb					er, if PAC
Betty Dalton					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
665 Elmwood PT	Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Aurora		44202		08/17/2017	\$50.00
rull Name of Contributor Registration Number					er, if PAC
Paamela C. Dybvìg					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.				
219 Russell Rd	Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Tunbridge	VT	05077	08/15/2017 \$100.00		

Page Total	\$550.00
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^{*}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)]