



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO EXTEND PROGRESS				
Full Name of Contributor STEVEN B. QUINCEL			Registration Number, if PAC	
Street Address 5047 DORAL AVENUE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WHITEHALL	State OH	Zip Code 43213	Date (MM/DD/YYYY) 08/30/2018	Amount 100.00
Full Name of Contributor AIR SOUTH COMMERCE CENTER PHASE I LLC			Registration Number, if PAC	
Street Address 942 FREEWAY DRIVE NORTH		Employer/Occupation/Labor Organization* MARK TAGGART		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43229	Date (MM/DD/YYYY) 08/29/2018	Amount 3000.00
Full Name of Contributor BARBARA RIEHL			Registration Number, if PAC	
Street Address 460 WESTGREEN LN		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City WESTERVILLE	State OH	Zip Code 43082	Date (MM/DD/YYYY) 09/04/2018	Amount 3000.00
Full Name of Contributor GEO. BYERS SONS HOLDING, INC.			Registration Number, if PAC	
Street Address P.O. BOX 16513		Employer/Occupation/Labor Organization* GEORGE KAUFFMAN		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43216	Date (MM/DD/YYYY) 09/05/2018	Amount 3000.00
Full Name of Contributor NANCY KELLEY			Registration Number, if PAC	
Street Address 878 FAIRWAY BLVD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43213	Date (MM/DD/YYYY) 09/10/2018	Amount 5000.00

*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 14100.00