



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 2320 Kensington Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/23/2017	Amount \$250.00
Full Name of Contributor Matt and Christy McNair			Registration Number, if PAC	
Street Address 2691 Alliston Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 06/27/2017	Amount \$300.00
Full Name of Contributor Tom Betti			Registration Number, if PAC	
Street Address 150 East Main Street, Unit 201		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06/27/2017	Amount \$130.00
Full Name of Contributor Salvatore Betti			Registration Number, if PAC	
Street Address 75 Wellsley Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Brunswick	State OH	Zip Code 44212	Date (MM/DD/YYYY) 06/28/2017	Amount \$100.00
Full Name of Contributor John Roessler			Registration Number, if PAC	
Street Address 1951 Collingswood Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/28/2017	Amount \$30.00

*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)]