



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reelect Lisa Whiting for Hilliard Schools				
Full Name of Contributor Micheal Spurlock			Registration Number, if PAC	
Street Address 3050 Stoney Bridge Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/23/2017	Amount \$50
Full Name of Contributor Angelo Serra			Registration Number, if PAC	
Street Address 4240 Abbey Chase Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/23/2017	Amount \$50
Full Name of Contributor Christy Farnbauch			Registration Number, if PAC	
Street Address 4327 Claymill Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/23/2017	Amount \$25
Full Name of Contributor Janet Steitz			Registration Number, if PAC	
Street Address 4370 Dublin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/23/2017	Amount \$100
Full Name of Contributor Jill Carsonie			Registration Number, if PAC	
Street Address 6136 Heritage Lakes Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/06/2017	Amount \$100

*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)]