



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Lynch for Council				
<b>Full Name of Contributor</b> Jacki Marion			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 106 <sup>E</sup> Columbus Street	<b>Employer/Occupation/Labor Organization*</b> unemployed		<b>Form (Cash, Check, etc.)</b> check	
<b>City</b> Canal Winchester	<b>State</b> OH	<b>Zip Code</b> 43110	<b>Date (MM/DD/YYYY)</b> 09/03/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Dr. James Moses			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 144 <sup>EAST</sup> Columbus Street	<b>Employer/Occupation/Labor Organization*</b> Moses and Muesers		<b>Form (Cash, Check, etc.)</b> check	
<b>City</b> Canal Winchester	<b>State</b> OH	<b>Zip Code</b> 43110	<b>Date (MM/DD/YYYY)</b> 09/03/2017	<b>Amount</b> 50.00
<b>Full Name of Contributor</b> Robert and Elaine Hartman			<b>Registration Number, if PAC</b>	
<b>Street Address</b> 5714 Waterloo Rd.	<b>Employer/Occupation/Labor Organization*</b> Hartman Auto Repair		<b>Form (Cash, Check, etc.)</b> check	
<b>City</b> C. Winchester	<b>State</b> OH	<b>Zip Code</b> 43110	<b>Date (MM/DD/YYYY)</b>	<b>Amount</b> 100.00
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>			<b>Form (Cash, Check, etc.)</b>	
<b>City</b>			<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>
<b>Full Name of Contributor</b>			<b>Registration Number, if PAC</b>	
<b>Street Address</b>			<b>Form (Cash, Check, etc.)</b>	
<b>City</b>			<b>Date (MM/DD/YYYY)</b>	<b>Amount</b>

\*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)]