



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> FLEMING FOR GROVE CITY					
Full Name of Contributor JANET E JOSEPH				Registration Number, if PAC NA	
Street Address 4084 WILBUR AVENUE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/25/2017	Amount 50.00	
Full Name of Contributor JAMES G LAWS				Registration Number, if PAC NA	
Street Address 2408 ARLINGTON AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/15/2017	Amount 100.00	
Full Name of Contributor STEVEN R ROBINETTE				Registration Number, if PAC NA	
Street Address 1166 PINNACLE CLUB DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/12/2017	Amount 100.00	
Full Name of Contributor STUART KOBLE				Registration Number, if PAC NA	
Street Address 3755 BROADWAY		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/30/2017	Amount 100.00	
Full Name of Contributor				Registration Number, if PAC NA	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount	

\*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)]