



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens to Protect Goodale Greenspace				
Full Name of Contributor Frank Lolli			Registration Number, if PAC	
Street Address 1105 Ormsby PL.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/18/2018	Amount 1000.00
Full Name of Contributor Kerry Ruberg			Registration Number, if PAC	
Street Address 1000 Elmwood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/18/2018	Amount 750.00
Full Name of Contributor Rebecca Oberla			Registration Number, if PAC	
Street Address 1068 Westwood Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/18/2018	Amount 1000.00
Full Name of Contributor Central Ohio Realtors PAC			Registration Number, if PAC	
Street Address 2700 Airport Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 10/19/2018	Amount 1500.00
Full Name of Contributor			Registration Number, if PAC	
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)]

Page Total 4250.00