



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Robert Christie			Registration Number, if PAC	
Street Address 2625 York Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/13/2017	Amount \$100.00
Full Name of Contributor Krystin Macaluco			Registration Number, if PAC	
Street Address 2660 Berwyn Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/14/2017	Amount \$50.00
Full Name of Contributor Stuart and Jane Jones			Registration Number, if PAC	
Street Address 1988 North Edgemont Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/15/2017	Amount \$100.00
Full Name of Contributor Dale and Gloria Heydlauff			Registration Number, if PAC	
Street Address 2390 Sheringham Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/15/2017	Amount \$250.00
Full Name of Contributor Brad Halley			Registration Number, if PAC	
Street Address 2283 Tremont Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/16/2017	Amount \$100.00

*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)]