



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor				Registration Number, if PAC
ERNIE ROBINSON				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5124 Dalmeny Ct.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43220	08/09/2017	\$100.00
Full Name of Contributor				Registration Number, if PAC
JOAN KRAUSE				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
164 Chase Rd				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	08/16/2017	\$100.00
Full Name of Contributor				Registration Number, if PAC
Mindy TUCKER				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
846 Proprietors RD				CASH
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
WORTHINGTON	OH	43085	08/18/2017	\$60.00
Full Name of Contributor				Registration Number, if PAC
KRISTEN SMITH				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
501 E. Maynard Ave				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43202	08/10/2017	\$100.00
Full Name of Contributor				Registration Number, if PAC
ROBERT R. KRAUSE				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5155 N. HIGH ST.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	08/18/2017	\$50.00

*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)]