



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Catherine Kurtz			Registration Number, if PAC	
Street Address 4594 Compton		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 06/05/2017	Amount \$100.00
Full Name of Contributor Sue Halley			Registration Number, if PAC	
Street Address 203 Club Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Daniels	State WV	Zip Code 43054	Date (MM/DD/YYYY) 06/05/2017	Amount \$25.00
Full Name of Contributor Joel Lilly			Registration Number, if PAC	
Street Address 2030 Tremont Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/06/2017	Amount \$100.00
Full Name of Contributor Peter McGeoch			Registration Number, if PAC	
Street Address 2007 Langham Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/07/2017	Amount \$100.00
Full Name of Contributor Kyle Marks			Registration Number, if PAC	
Street Address 2719 York Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/08/2017	Amount \$250.00

*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)]