



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Dan Headapohl					
Full Name of Contributor				Registration Number, if PAC	
Jack Headapohl					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
216 S. 7th Street	retired				cash
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Tipp City	ОН	45371			50.00
Full Name of Contributor Registra				Registration Number	er, if PAC
Steve McIntosh					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1163 Wyndotte Rd.	IT Consultant			Formsite	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43212		10/15/2017	50.00
Full Name of Contributor	Registration Number				er, if PAC
Steve McIntosh			İ		
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
1163 Wyndotte Rd.	IT Consultant				Formsite
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43212	10/16/2017		75.00
Full Name of Contributor Registration Number					er, if PAC
Karen Chakoff-McKnight					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1257 Northwest Blvd.	teacher				cash
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount
Columbus	ОН	43212		10/20/2017	100.00
Full Name of Contributor	Registration Numb				er, if PAC
Jack Headapohl					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Jack Headapohl Street Address 216 S. 7+h Street City		retired			cash
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Tipp City	ОН	45371	11/05/2017		181.50

^{*}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)]