



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

Full Name of Committee				
Full Name of Contributor			Registration Number, if PAC	
JENNIFER GRINSTAD				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
182 Westwood Rd.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	08/18/2017	\$200.00
Full Name of Contributor			Registration Number, if PAC	
HOPE ROBERTS				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
418 E. Weisheimer Rd.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	08/27/2017	\$100.00
Full Name of Contributor			Registration Number, if PAC	
DIANA KUBOVCIK				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
418 E. Weisheimer Rd.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	08/26/2017	\$100.00
Full Name of Contributor			Registration Number, if PAC	
BRYAN BABCOCK				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
537 BRADLEY ST.				CHECK
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43201	09/01/2017	\$100.00
Full Name of Contributor			Registration Number, if PAC	
SALLY ROGERS				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
153 Chase Rd.				CASH
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	09/21/2017	\$20.00

\*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)]

Page Total **\$520.00**