



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Teater for Hilliard				
Full Name of Contributor James Teater			Registration Number, if PAC	
Street Address 2904 Morrison Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Houston	State TX	Zip Code 77009	Date (MM/DD/YYYY) 11/20/2017	Amount \$200.00
Full Name of Contributor Doug Maggied			Registration Number, if PAC	
Street Address 8982 Roberts Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 11/20/2017	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]