



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Stephen M Cicak				
Full Name of Contributor Marshall and Lauren Spauling			Registration Number, if PAC	
Street Address 1940 Glenford Ct		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/01/2017	Amount 200.00
Full Name of Contributor Doug Joseph Election Fund			Registration Number, if PAC	
Street Address 9250 Huggins Ln		Employer/Occupation/Labor Organization* Consultant		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/27/2017	Amount 100.00
Full Name of Contributor Reynoldsburg Republican Club			Registration Number, if PAC	
Street Address 1675 Haft Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/27/2017	Amount 500.00
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.)
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)]