



Statement of Contributions Received

Form 31-A

ORC 3517.10

| | | | | |
|---|-------------|---|---------------------------------|-----------------------------------|
| Full Name of Committee | | | | |
| Full Name of Contributor Arthur J. Susi, Jr. | | | Registration Number, if PAC | |
| Street Address 4438 Hickory Wood Dr. | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43228 | Date (MM/DD/YYYY) 09/08/2017 | Amount 100.00 |
| Full Name of Contributor Bernice W. Chaddock | | | Registration Number, if PAC | |
| Street Address 3229 Kingston Ave. | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Grove City | State OH | Zip Code 43123 | Date (MM/DD/YYYY) 09/09/2017 | Amount 20.00 |
| Full Name of Contributor Joseph Endres | | | Registration Number, if PAC | |
| Street Address 2581 Clark Drive | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Grove City | State OH | Zip Code 43123 | Date (MM/DD/YYYY) 09/08/2017 | Amount 25.00 |
| 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)]