



Statement of Contributions Received

Page 1

Form 31-A

ORC 3517.10

Full Name of Committee

Full Name of Contributor

Registration Number, if PAC

✓ ERNIE ROBINSON

Street Address

Employer/Occupation/Labor Organization*

Form (Cash, Check, etc.)

5124 Dalmeny Ct.

CHECK

City

State

Zip Code

Date (MM/DD/YYYY)

Amount

COLUMBUS

OH

43220

08/09/2017

\$100.00

Full Name of Contributor

Registration Number, if PAC

✓ JOAN KRAUSE

Street Address

Employer/Occupation/Labor Organization*

Form (Cash, Check, etc.)

164 Chase Rd

CHECK

City

State

Zip Code

Date (MM/DD/YYYY)

Amount

COLUMBUS

OH

43214

08/16/2017

\$100.00

Full Name of Contributor

Registration Number, if PAC

✓ Mindy TUCKER

Street Address

Employer/Occupation/Labor Organization*

Form (Cash, Check, etc.)

846 Proprietors Rd

CASH

City

State

Zip Code

Date (MM/DD/YYYY)

Amount

WORTHINGTON

OH

43085

08/18/2017

\$60.00

Full Name of Contributor

Registration Number, if PAC

✓ KRISTEN SMITH

Street Address

Employer/Occupation/Labor Organization*

Form (Cash, Check, etc.)

501 E. Maynard Ave

CHECK

City

State

Zip Code

Date (MM/DD/YYYY)

Amount

COLUMBUS

OH

43202

08/10/2017

\$100.00

Full Name of Contributor

Registration Number, if PAC

✓ ROBERT R. KRAUSE

Street Address

Employer/Occupation/Labor Organization*

Form (Cash, Check, etc.)

5155 N. HIGH ST.

CHECK

City

State

Zip Code

Date (MM/DD/YYYY)

Amount

COLUMBUS

OH

43214

08/18/2017

\$50.00

*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 \$410.00