



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Priscilla Mead			Registration Number, if PAC	
Street Address 1399 LaRochelle Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/19/2017	Amount \$50.00
Full Name of Contributor Robert and Jennifer Heck			Registration Number, if PAC	
Street Address 2065 Fontenay Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/19/2017	Amount \$250.00
Full Name of Contributor Kathleen Jones			Registration Number, if PAC	
Street Address 4410 Cleabrook Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/21/2017	Amount \$25.00
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/21/2017	Amount \$250.00
Full Name of Contributor Susan Ralph			Registration Number, if PAC	
Street Address 4090 Bayberry Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/26/2017	Amount \$100.00

*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 \$675.00