



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Teater for Hilliard				
Full Name of Contributor Clarence J. Cunningham			Registration Number, if PAC	
Street Address 3480 Scioto Run Boulevard		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$100.00
Full Name of Contributor Gwen T. McCartt			Registration Number, if PAC	
Street Address 5068 Waycroft Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$50.00
Full Name of Contributor Joan R. McElheny			Registration Number, if PAC	
Street Address 3825 Dayspring Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$30.00
Full Name of Contributor Peter M. Marsh			Registration Number, if PAC	
Street Address 3563 Goldenrod Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$50.00
Full Name of Contributor John Marschhausen			Registration Number, if PAC	
Street Address 2971 Landen Farms Road E.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$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)]