

Statement of Contributions Received

Form 31-A

ORC 3517 10

Full Name of Committee					
Full Name of Committee Citizens Advocating Reasonable T	axation				
Full Name of Contributor Terry Pettorini				Registration Number, if PAC	
Street Address 3835 Waldo Place	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/22/2017		Amount \$200
Full Name of Contributor Michele Knudson			Registration Number, if PAC		
Street Address 5015 Squirrel Bend	Employ	er/Occupation/Lab	Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/23/2017		Amount \$500
Full Name of Contributor Robert Meyers Registration Numb				er, if PAC	
Street Address 4100 Horizons Drive	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/23/2017		Amount \$300
Full Name of Contributor Registration Num Robert Harmon				Registration Number	er, if PAC
Street Address 3160 Herrick Road	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DI	D/YYYY) 10/23/2017	Amount \$50
Full Name of Contributor Registration Number Eve Tomassini					er, if PAC
Street Address 3075 Leeds Road	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/25/2017		Amount \$100

^{*}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)]