



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reelect Lisa Whiting for Hilliard Schools				
Full Name of Contributor Kathleen Joyce			Registration Number, if PAC	
Street Address 851 Claycross Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 11/6/17	Amount \$25
Full Name of Contributor Lyle A Moog			Registration Number, if PAC	
Street Address 3786 Clay Bank Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/06/2017	Amount \$25
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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	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	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)]