



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Citizens for Jim Lynch				
Full Name of Contributor Susan Martinson			Registration Number, if PAC	
Street Address 4537 Drew Avenue South		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Minneapolis	State MN	Zip Code 55410	Date (MM/DD/YYYY) 09/09/2017	Amount \$100.00
Full Name of Contributor Jeffrey Brown			Registration Number, if PAC	
Street Address 3111 Brandon Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/10/2017	Amount \$50.00
Full Name of Contributor Phyllis Sicaras			Registration Number, if PAC	
Street Address 4035 West Henderson Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/11/2017	Amount \$250.00
Full Name of Contributor Joseph Berwanger			Registration Number, if PAC	
Street Address 1600 Sunridge Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2017	Amount \$50.00
Full Name of Contributor Mary Ann Krauss			Registration Number, if PAC	
Street Address 1980 Upper Chelsea Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/12/2017	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)]