



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Elect Chad Queen				
Full Name of Contributor Michele Ruf			Registration Number, if PAC	
Street Address 2938 Lake Hollow Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH <input type="checkbox"/>	Zip Code 43026	Date (MM/DD/YYYY) 3/20/2017	Amount \$50.00
Full Name of Contributor Amy Comfort			Registration Number, if PAC	
Street Address 5665 Westbriar Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 3/20/2017	Amount \$20.00
Full Name of Contributor Kathi Stowe			Registration Number, if PAC	
Street Address 6070 Coventry Cross Ln.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 3/20/2017	Amount \$20.00
Full Name of Contributor Florence Tripp			Registration Number, if PAC	
Street Address 2700 Westwind Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH <input type="checkbox"/>	Zip Code 43026	Date (MM/DD/YYYY) 3/20/2017	Amount \$10.00
Full Name of Contributor Dennis Ginty			Registration Number, if PAC	
Street Address 5119 Calhoon Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 3/25/2017	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)]

Page Total \$150.00