



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b>				
Full Name of Contributor Gary L. Ieasure			Registration Number, if PAC	
Street Address 4780 Saint Andrews Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/17/2017	Amount 500.00
Full Name of Contributor Mark E. Rothwell			Registration Number, if PAC	
Street Address 11560 Burro Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Orient	State OH	Zip Code 43146	Date (MM/DD/YYYY) 09/17/2017	Amount 250.00
Full Name of Contributor George L. Schultz			Registration Number, if PAC	
Street Address 2010 Marlane Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/17/2017	Amount 100.00
Full Name of Contributor George K. Larger			Registration Number, if PAC	
Street Address 3323 park St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/15/2017	Amount 50.00
Full Name of Contributor Pamela C. Boals			Registration Number, if PAC	
Street Address 6980 Falls View Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 09/08/2017	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)]