



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF KATHLEEN REYES				
Full Name of Contributor SCOTT SURIVEN LLP			Registration Number, if PAC	
Street Address 220 E. BROAD ST. SUITE 100		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/13/2017	Amount \$1,150.00
Full Name of Contributor RONNIE MARQUEZ FOSLEY			Registration Number, if PAC	
Street Address 1115 GOLDEN GATE BLVD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City MAYFIELD HEIGHTS	State OH	Zip Code 44124	Date (MM/DD/YYYY) 10/13/2017	Amount \$150.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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)]