

JON HUSTED
Ohio Secretary of State



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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Walsh for Madison Township				
Full Name of Contributor Kathleen Walsh			Registration Number, if PAC	
Street Address 4444 Winchester Pike		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43232	Date (MM/DD/YYYY) 08/23/2017	Amount 484.00
Full Name of Contributor Elizabeth Simcox			Registration Number, if PAC	
Street Address 5611 Wilcox Road		Employer/Occupation/Labor Organization* Goddard School/Owner		Form (Cash, Check, etc.) Cash
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/16/2017	Amount 250.00
Full Name of Contributor Kathleen Walsh			Registration Number, if PAC	
Street Address 4444 Winchester Pike		Employer/Occupation/Labor Organization* Farmer		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43232	Date (MM/DD/YYYY) 09/13/2017	Amount .83
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)]

Page Total 734.83