



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Stahley4Whitehall				
Full Name of Contributor Amy Jo Spires			Registration Number, if PAC	
Street Address 5605 Lanterns Way		Employer/Occupation/Labor Organization* Wen-Parker Logistics		Form (Cash, Check, etc.) Credit
City Orient	State OH	Zip Code 43146	Date (MM/DD/YYYY) 03/24/2017	Amount 50.00
Full Name of Contributor Charles Underwood			Registration Number, if PAC	
Street Address Fairway Blvd		Employer/Occupation/Labor Organization* Retired Whitehall Safety Director		Form (Cash, Check, etc.) Cash
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 10/01/2017	Amount 100.00
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 Judy			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 Carol Corcoran			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)]