



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FLEMING FOR GROVE CITY				
Full Name of Contributor ERIC WEBER			Registration Number, if PAC NA	
Street Address 4613 EDGARTON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/18/2017	Amount \$200.00
Full Name of Contributor CHERYL GROSSMAN			Registration Number, if PAC NA	
Street Address 3143 PARK ST		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 LAURA LANESE			Registration Number, if PAC NA	
Street Address 4594 GOODMAN ST		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 WARREN E GARD			Registration Number, if PAC NA	
Street Address 4125 ARBUTUS AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/28/2017	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

*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 \$500.00