



Statement of Contributions Received

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Form 31-A
ORC 3517.10

Full Name of Committee				
Full Name of Contributor				Registration Number, if PAC
✓ JMH PROPERTIES (BARBARA HART)				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4103 E. NATIONAL RD.			CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
✓ SPRINGFIELD	OH	45505	09/26/2017	\$100.00
Full Name of Contributor				Registration Number, if PAC
✓ Jennifer FLOCKEN				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
810 OXFORD ST.			CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
WORTHINGTON	OH	43085	09/24/2017	\$50.00
Full Name of Contributor				Registration Number, if PAC
✓ DIXON Buehler				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
4233 EVANSDALE RD.			CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	09/26/2017	\$50.00
Full Name of Contributor				Registration Number, if PAC
✓ JAMES MILD, JR.				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
6659 HAYHURST ST.			CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43085	09/28/2017	\$50.00
Full Name of Contributor				Registration Number, if PAC
✓ JOSEPH JACKSON				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
595 CENTER WOODS DR.			CHECK	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43214	09/07/2017	\$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)]

Page Total \$300.00