



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Beth Kowalczyk				
Full Name of Contributor Gary L. Cook			Registration Number, if PAC	
Street Address 1258 Cherry Wood Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Uniontown	State OH	Zip Code 44685	Date (MM/DD/YYYY) 10/20/17	Amount 50.00
Full Name of Contributor Frederick A Vierow			Registration Number, if PAC	
Street Address 6870 Haymore Ave W		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/22/17	Amount 50.00
Full Name of Contributor Citizens For Daley			Registration Number, if PAC	
Street Address 852 Highview Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 11/02/17	Amount 250.00
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

*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)]