



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Chuck Milliken				
Full Name of Contributor Danielle Milliken			Registration Number, if PAC	
Street Address 352 Cherokee Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Canal Winchester	State OH <input type="checkbox"/>	Zip Code 43110	Date (MM/DD/YYYY) 06/18/2019	Amount 13.00
Full Name of Contributor Ron Milliken			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY) 08/12/2019	Amount 650.00
Full Name of Contributor Fantasy Sports Consulting LLC			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Pickerington	State OH <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY) 08/01/2019	Amount 48.25
Full Name of Contributor Charles Milliken			Registration Number, if PAC	
Street Address 209 Lockard Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Wellston	State OH <input type="checkbox"/>	Zip Code 45692	Date (MM/DD/YYYY) 10/05/2019	Amount 1955.60
Full Name of Contributor Tim DeBord			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY) 08/09/2019	Amount 19.12

*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)]