



Statement of Contributions Received

Page

Campaign Finance | (614) 466-3111
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Form 31-A

ORC 3517.10

Full Name of Committee Kromer For Council				
Full Name of Contributor Tami Masson			Registration Number, if PAC	
Street Address 576 Moss Oak Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/26/2017	Amount \$25.00
Full Name of Contributor John Stewart			Registration Number, if PAC	
Street Address 855 Bryn Mawr Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 11/03/2017	Amount \$1000.00
Full Name of Contributor Zebulon Kromer			Registration Number, if PAC	
Street Address 290 Penny Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount \$76.00
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)]

Page Total \$ 1101.00