31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Citizens For Fulton					
Full Name of Contributor				**Registration Number, if PAC**	
John W. Brant					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
2605 Bryan Circle					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	09 10 15		$50.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	08 11 15		$500.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	08 26 15		$500.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	09 05 15		$1,500.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	09 12 15		$1,500.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	09 17 15		$1,000.00
Full Name of Contributor				**Registration Number, if PAC**	
Christopher L. Fulton					
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
4541 Bent Creek Pl.					Check
City	**State**	**Zip Code**	**M D Y**		**Amount**
Grove City	OH	43123	10 08 15		$2,000.00
Full Name of Contributor				**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***				**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M D Y**		**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 $ 7,050.00