



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Ron McClure				
Full Name of Contributor JACK L WIDNER			Registration Number, if PAC	
Street Address 4287 BROADWAY		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH ☒	Zip Code 43123	Date (MM/DD/YYYY) 09/19/2019	Amount \$ 100.00
Full Name of Contributor RONALD M MCCLURE			Registration Number, if PAC	
Street Address 3018 COLUMBUS STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City GROVE CITY	State OH ☒	Zip Code 43123	Date (MM/DD/YYYY) 09/30/2019	Amount \$ 100.00
Full Name of Contributor GLEN K BASLER			Registration Number, if PAC	
Street Address 1120 WHITE RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH ☒	Zip Code 43123	Date (MM/DD/YYYY) 10/03/2019	Amount \$ 250.00
Full Name of Contributor JAMES O RAUCK			Registration Number, if PAC	
Street Address 1111 LONDON GROVEPORT RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH ☒	Zip Code 43123	Date (MM/DD/YYYY) 10/03/2019	Amount \$ 1,000.00
Full Name of Contributor JAYNE E SMITH			Registration Number, if PAC	
Street Address 2080 BERRY HILL DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City GROVE CITY	State OH ☒	Zip Code 43123	Date (MM/DD/YYYY) 09/30/2019	Amount \$ 100.00

*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)]