



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					<u></u>
Friends of Schregardus					
Full Name of Contributor Registration Number					er, if PAC
Larry La Vern Malone Jr					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5949 Hampton Cors N					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Hilliard	ОН	43026	10/04/2017		250.00
Full Name of Contributor Registration Num			er, if PAC		
Jill Daugherty					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1624 McLendon Ave.				PayPal	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Atlanta	GA	30307		10/10/2017	25.00
Full Name of Contributor	Registration Numb			er, if PAC	
Donald Huey - Huey Defense Firm LLC					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3240 Henderson Rd., Ste. B				check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43220	10/11/2017		500.00
Full Name of Contributor		Registration Num			er, if PAC
Friends of O'Grady					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
545 E. Town Street					PayPal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43215		10/13/2017	500.00
ull Name of Contributor Registration Numb			er, if PAC		
Becky Trenelka					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6066 Homewell St., Hilliard 43026	PayPal				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Hilliard	ОН	43026	10/14/2017 50.00		50.00

\*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)]

Page Total 1325.00