



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee TEATER FOR HILLIARD				
Full Name of Contributor SUSAN M. SPICER			Registration Number, if PAC	
Street Address 4345 RIVER LANDINGS CT.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 12/13/2017	Amount 100.00
Full Name of Contributor ANDREW TEATER			Registration Number, if PAC	
Street Address 3837 DAYSPRING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 03/05/2018	Amount 1,000.00
Full Name of Contributor ANDREW TEATER			Registration Number, if PAC	
Street Address 3837 DAYSPRING DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CREDIT CARD
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 06/18/2018	Amount 1,000.00
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)]