



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Myers4Worthington				
Full Name of Contributor William Scott Myers			Registration Number, if PAC	
Street Address 272 Colonial Avenue	Employer/Occupation/Labor Organization* Attorney/State of Ohio		Form (Cash, Check, etc.) Cash	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 08/01/2017	Amount 1000.00
Full Name of Contributor William Scott Myers			Registration Number, if PAC	
Street Address 272 Colonial Avenue	Employer/Occupation/Labor Organization* State of Ohio/Attorney		Form (Cash, Check, etc.) Case	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/29/2017	Amount 750.00
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
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 1750.00