



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens to Elect John Pritchard				
Full Name of Contributor John Pritchard			Registration Number, if PAC	
Street Address 567 Gender Road		Employer/Occupation/Labor Organization* DLA/Attorney		Form (Cash, Check, etc.) Cash
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 10/31/2017	Amount 320.00
Full Name of Contributor John Pritchard			Registration Number, if PAC	
Street Address 567 Gender Road		Employer/Occupation/Labor Organization* DLA/Attorney		Form (Cash, Check, etc.) Cash
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 11/01/2017	Amount 960.00
Full Name of Contributor John Pritchard			Registration Number, if PAC	
Street Address 567 Gender Road		Employer/Occupation/Labor Organization* DLA/Attorney		Form (Cash, Check, etc.) Cash
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 12/04/2017	Amount 60.42
Full Name of Contributor John Pritchard			Registration Number, if PAC	
Street Address 567 Gender Road		Employer/Occupation/Labor Organization* DLA/Attorney		Form (Cash, Check, etc.) Electronic Transfer
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 12/04/2017	Amount 380.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
	OH			

*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)]