



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor PHOEBE SCHULTZ			Registration Number, if PAC	
Street Address 50 E. Henderson Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/16/2017	Amount \$48.00
Full Name of Contributor KAREN KENNEDY			Registration Number, if PAC	
Street Address 4297 LAWNVIEW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/16/2017	Amount \$40.00
Full Name of Contributor Inga Smith			Registration Number, if PAC	
Street Address 249 W. Dunedin Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/23/2017	Amount \$25.00
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)]