



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor Sarah Welch			Registration Number, if PAC	
Street Address 2586 Wickliffe Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 06/29/2019	Amount \$5.00
Full Name of Contributor Sarah Welch			Registration Number, if PAC	
Street Address 2586 Wickliffe Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 06/29/2019	Amount \$100.00
Full Name of Contributor Abbey Lang			Registration Number, if PAC	
Street Address 06781 New Bremen-New Knoxville Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Bremen	State OH <input checked="" type="checkbox"/>	Zip Code 45869	Date (MM/DD/YYYY) 07/04/2019	Amount \$200.00
Full Name of Contributor Kim Taffan			Registration Number, if PAC	
Street Address 1086 Timberbank Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH <input checked="" type="checkbox"/>	Zip Code 43081	Date (MM/DD/YYYY) 07/12/2019	Amount \$25.00
Full Name of Contributor Cindy Philipot			Registration Number, if PAC	
Street Address 307 Lane St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Bremen	State OH <input checked="" type="checkbox"/>	Zip Code 45869	Date (MM/DD/YYYY) 06/08/2019	Amount \$300.00

*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)]