



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Schregardus				
Full Name of Contributor Kathryn Traven			Registration Number, if PAC	
Street Address 2451 Danvers Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/20/2017	Amount 100.00
Full Name of Contributor Suzanne Singhas			Registration Number, if PAC	
Street Address 1670 Cambridge Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 07/26/2017	Amount 100.00
Full Name of Contributor Kristin Boggs - Boggs for Ohio			Registration Number, if PAC	
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/24/2017	Amount 200.00
Full Name of Contributor Lisa Cohn			Registration Number, if PAC	
Street Address 34 Bayview St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Belfast	State ME	Zip Code 04915	Date (MM/DD/YYYY) 07/30/2017	Amount 20.00
Full Name of Contributor Lisa Cohn			Registration Number, if PAC	
Street Address 34 Bayview St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Belfast	State ME	Zip Code 04915	Date (MM/DD/YYYY) 08/30/2017	Amount 20.00

*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)]

Page Total 440.00