



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Friends of Schregardus					
Full Name of Contributor				Registration Number, if PAC	
Lisa Cohn					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
34 Bayview St.					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Belfast	ME	04915	10/31/2017		20.00
Full Name of Contributor				Registration Number, if PAC	
Franklin County Democratic Party					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
340 E. Fulton St.				check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	ОН	43215		11/01/2017	600.00
Full Name of Contributor	of Contributor Registration Number				er, if PAC
Mary Woods					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
357 Pinney Dr.					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Worthington	ОН	43085	11/01/2017		100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer	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)]