



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
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Full Name of Contributor Registration Numb					" DAC
Full Name of Contributor Registration Number Jerry L. Bennett					er, ir PAC
				<u> </u>	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2670 Gardenview Loop	<u> </u>				Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Grove City	ОН	43123		09/17/2017	350.00
Full Name of Contributor			<u> </u>	Registration Number	er, if PAC
Constance D. Parrett			ļ		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6211 Beaver Lake Dr.	Check				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Grove City	ОН	43123		09/12/2017	100.00
Full Name of Contributor	Registration Numb			er, if PAC	
Mark L. Fuller					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2083 Visconti Drive					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123		09/17/2017	100.00
Full Name of Contributor	Registration Numb				er, if PAC
Willard N. Milam			!		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4827 Dunmann Way	Check				
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Grove City	ОН	43123	09/17/2017		45.00
Full Name of Contributor Registration Number					er, if PAC
Mark R. List			1		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4596 Bent Creek Pl.	Ch				Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Grove City	ОН	43123	09/17/2017 40.00		40.00

Page Total	635.00
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^{*}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)]