



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

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

Page Total **\$113.00**