



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

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

\*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)]