



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Citizens for Jim Lynch				
Full Name of Contributor Jeffrey Cullman			Registration Number, if PAC	
Street Address 2442 Kensington Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/01/2017	Amount \$100.00
Full Name of Contributor Beth and David Hansen			Registration Number, if PAC	
Street Address 111 North Roosevelt Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/01/2017	Amount \$100.00
Full Name of Contributor Roger and Dianne Albrecht			Registration Number, if PAC	
Street Address 3990 Newhall Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 06/03/2017	Amount \$250.00
Full Name of Contributor Kathryn Koop			Registration Number, if PAC	
Street Address 8445 Augusta Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Holland	State OH	Zip Code 43528	Date (MM/DD/YYYY) 06/05/2017	Amount \$100.00
Full Name of Contributor Edward and Kay Ferris			Registration Number, if PAC	
Street Address 1959 Collingswood Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/05/2017	Amount \$500.00

\*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 \$1,050.00