



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Schregardus				
Full Name of Contributor Willis & Willis Attorneys			Registration Number, if PAC	
Street Address 4635 Trueman Blvd, Suite 200		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/20/2017	Amount 250.00
Full Name of Contributor Franklin County Democratic Party			Registration Number, if PAC	
Street Address 340 E. Fulton St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2017	Amount 1,158.74
Full Name of Contributor Jennifer Monroe			Registration Number, if PAC	
Street Address 148 Thorobred Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Loveland	State OH	Zip Code 45140	Date (MM/DD/YYYY) 10/26/2017	Amount 250.00
Full Name of Contributor Richard B. Neal, Jr.			Registration Number, if PAC	
Street Address 545 E. Town Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2017	Amount 50.00
Full Name of Contributor Toure McCord			Registration Number, if PAC	
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/27/2017	Amount 160.00

*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)]