

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Ayres for Columbus				
Full Name of Contributor Frederick Lamar			Registration Number, if PAC	
Street Address 996 Oakwood Ave	Employer/Occupation/Labor Organization* Family Missionary Baptist Church / Pastor		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date 10/23/2017	Amount \$200.00
Full Name of Contributor Judith Kern			Registration Number, if PAC	
Street Address 3088 Dunloe Rd	Employer/Occupation/Labor Organization* n/a / Retired		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43232	Date 10/31/2017	Amount \$50.00
Full Name of Contributor Teresa Howard			Registration Number, if PAC	
Street Address 27769 Kime Holderman Rd	Employer/Occupation/Labor Organization* Ohio Department of Education / School Meals Professional		Form (Cash, Check, etc.) Cash	
City Circleville	State OH	Zip Code 43113	Date 11/14/2017	Amount \$50.00
Full Name of Contributor Jay Sanchez			Registration Number, if PAC	
Street Address 834 E Longview Ave	Employer/Occupation/Labor Organization* Columbus City Schools / Teacher		Form (Cash, Check, etc.) Cash	
City Columbus	State Oh	Zip Code 43224	Date 11/14/2017	Amount \$20.00
Full Name of Contributor Alex Stigler			Registration Number, if PAC	
Street Address 1803 N 4th St	Employer/Occupation/Labor Organization* Columbus State Community College / Program Coordinator		Form (Cash, Check, etc.) Credit	
City Columbus	State OH	Zip Code 43201	Date 10/23/2017	Amount \$25.47
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00
Full Name of Contributor N/A			Registration Number, if PAC N/A	
Street Address N/A	Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) N/A	
City N/A	State N/A	Zip Code N/A	Date N/A	Amount \$0.00

* 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)]