



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Teater for Hilliard				
Full Name of Contributor Gary L. Orr			Registration Number, if PAC	
Street Address 3528 River Landings Boulevard		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$50.00
Full Name of Contributor Timothy J. Ryan			Registration Number, if PAC	
Street Address 4896 Brixston Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$10.00
Full Name of Contributor Janet Irvin Steitz			Registration Number, if PAC	
Street Address 4370 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 11/01/2017	Amount \$200.00
Full Name of Contributor Dorothy S. Teater			Registration Number, if PAC	
Street Address 3272 Cleeve HI		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 11/01/2017	Amount \$1,000.00
Full Name of Contributor Ronald E. Whiteside			Registration Number, if PAC	
Street Address 3808 Stonestrow Court E.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/01/2017	Amount \$200.00

*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 \$1,460.00