



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Elect Chad Queen				
Full Name of Contributor Diane Queen			Registration Number, if PAC	
Street Address 7303 Derby Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Crestwood	State KY <input type="checkbox"/>	Zip Code 40014	Date (MM/DD/YYYY) 2/20/2017	Amount \$50.00
Full Name of Contributor Joanne Edwards			Registration Number, if PAC	
Street Address 106 E Lincoln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 2/28/2017	Amount \$25.00
Full Name of Contributor Jerry Chadwick Queen			Registration Number, if PAC	
Street Address 4964 Vicksburg Ln.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 2/28/2017	Amount \$2.00
Full Name of Contributor Katelynn Mellick			Registration Number, if PAC	
Street Address 418 Woodsprings Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Lagrange	State KY <input type="checkbox"/>	Zip Code 40031	Date (MM/DD/YYYY) 2/28/2017	Amount \$50.00
Full Name of Contributor Bobbi Jo Allan			Registration Number, if PAC	
Street Address 6331 Cragie Hill Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 3/15/2017	Amount \$150.00

*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)]