



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Central Ohio Root Canals, LLC			Registration Number, if PAC	
Street Address 161 Clint Drive, Suite 300		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 10/09/2017	Amount \$100.00
Full Name of Contributor George and Mary McCue			Registration Number, if PAC	
Street Address 4598 Bridge Path Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/19/2017	Amount \$100.00
Full Name of Contributor Jobs America PAC			Registration Number, if PAC C00554055	
Street Address PO Box 20691		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/11/2017	Amount \$250.00
Full Name of Contributor Richard Gerhardt			Registration Number, if PAC	
Street Address 143 West Franklin Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Circleville	State OH	Zip Code 43113	Date (MM/DD/YYYY) 10/11/2017	Amount \$100.00
Full Name of Contributor James Saunders			Registration Number, if PAC	
Street Address 1520 Guliford Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/12/2017	Amount \$25.00

*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 \$575.00