JON HUSTED
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

Full Name of Contributor				Registration Number, if PAC
Tim Horton				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
4497 Flower Garden Dr				Debit
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
New Albany	OH	4354	09/15/2017	$50.00

Full Name of Contributor				Registration Number, if PAC
Jeremy Blake				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
71 Gainor Ave				Debit
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Newark	OH	43055	09/21/2017	$100.00

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

Full Name of Contributor				Registration Number, if PAC
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

*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 $150.00