



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reelect Lisa Whiting for Hilliard Schools				
Full Name of Contributor Bobbi Mueller			Registration Number, if PAC	
Street Address 5248 Windsock Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/07/2017	Amount \$100.00
Full Name of Contributor Rita Trimble			Registration Number, if PAC	
Street Address 4190 Maystar Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/12/2017	Amount \$100.00
Full Name of Contributor Barbara Orr			Registration Number, if PAC	
Street Address 3528 River Landings Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/12/2017	Amount \$50.00
Full Name of Contributor Martha Joyce			Registration Number, if PAC	
Street Address 3275 Vinton Park Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/12/2017	Amount \$100.00
Full Name of Contributor Robyn Redfern			Registration Number, if PAC	
Street Address 4198 Maystar Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/13/2017	Amount \$100.00

*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 \$450.00