



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

					ORC 3317:10
Full Name of Committee Citizens for Tricia Sprankle					
Full Name of Contributor Jonathan Gentsch				Registration Number, if PAC	
Street Address 135 6th Dr NW	Employer/Occupation/Labor Organization*  Cofense/software engineer			Form (Cash, Check, etc.) PayPal	
City New Philadelphia	State OH	Zip Code 44663	Date (MM/D	D/YYYY) 05/06/19	Amount 100.00
Full Name of Contributor Joey Mullins		<u>, 1</u>		Registration Numb	er, if PAC
Street Address	1	Employer/Occupation/Labor Organization* RuffPhillips2020/Social Media			Form (Cash, Check, etc.) PayPal
City Elma	State WA	Zip Code 98541	Date (MM/D	D/YYYY) 05/07/19	Amount 30.00
Full Name of Contributor Franklin DeMint			•	Registration Numb	er, if PAC
Street Address 535 Jadwin Rd	Employer/Occupation/Labor Organization* self/physician				Form (Cash, Check, etc.) PayPal
City Kingston	State OH	Zip Code 45644	Date (MM/D	D/YYYY) 05/07/19	Amount 20.00
Full Name of Contributor Jennifer Peters	Registration Num			er, if PAC	
Street Address 530 Star Spangled Pl	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal
City Galloway	State OH	Zip Code 43119	Date (MM/D	D/YYYY) 05/08/19	Amount 19.12
Full Name of Contributor Taylor Hoffman	utor Registration Numb				
Street Address 3546 Columbus Sandusky Rd S	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal
City Marion	State OH	Zip Code 43302	Date (MM/D	05/07/19	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 To	otal \$	194.12	