



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

|                                                                   |             |                                         |                                 |                                   |
|-------------------------------------------------------------------|-------------|-----------------------------------------|---------------------------------|-----------------------------------|
| <b>Full Name of Committee</b><br>EXPERIENCE COUNTS IN WORTHINGTON |             |                                         |                                 |                                   |
| Full Name of Contributor<br>MELINDA W MYERS                       |             |                                         | Registration Number, if PAC     |                                   |
| Street Address<br>272 COLONIAL AVE                                |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>CHECK |
| City<br>WORTHINGTON                                               | State<br>OH | Zip Code<br>43085                       | Date (MM/DD/YYYY)<br>10/27/2017 | Amount<br>350                     |
| Full Name of Contributor                                          |             |                                         | Registration Number, if PAC     |                                   |
| Street Address                                                    |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City                                                              | State<br>OH | Zip Code                                | Date (MM/DD/YYYY)               | Amount                            |
| Full Name of Contributor                                          |             |                                         | Registration Number, if PAC     |                                   |
| Street Address                                                    |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City                                                              | State<br>OH | Zip Code                                | Date (MM/DD/YYYY)               | Amount                            |
| Full Name of Contributor                                          |             |                                         | Registration Number, if PAC     |                                   |
| Street Address                                                    |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City                                                              | State<br>OH | Zip Code                                | Date (MM/DD/YYYY)               | Amount                            |
| Full Name of Contributor                                          |             |                                         | Registration Number, if PAC     |                                   |
| Street Address                                                    |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City                                                              | State<br>OH | Zip Code                                | Date (MM/DD/YYYY)               | Amount                            |
| Full Name of Contributor                                          |             |                                         | Registration Number, if PAC     |                                   |
| Street Address                                                    |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City                                                              | State<br>OH | Zip Code                                | Date (MM/DD/YYYY)               | Amount                            |

\*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)]