



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Jim Lynch				
Full Name of Contributor Fundraiser on August 8, 2017			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount \$300.00
Full Name of Contributor David Varda			Registration Number, if PAC	
Street Address 5613 Brickstone Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/28/2017	Amount \$100.00
Full Name of Contributor Ellen Ahern			Registration Number, if PAC	
Street Address 1783 Harwitch Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/28/2017	Amount \$50.00
Full Name of Contributor Mr. and Mrs. Matthew Ferris			Registration Number, if PAC	
Street Address 2036 Berkshire Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/29/2017	Amount \$300.00
Full Name of Contributor Greg Moss			Registration Number, if PAC	
Street Address 2532 Welsford Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/29/2017	Amount \$50.00

*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 \$800.00