



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee Handler For Gahanna Schools				
Full Name of Contributor Julie Handler, LISW LLC			Registration Number, if PAC	
Street Address 1075 Beecher Crossing N # C	Employer/Occupation/Labor Organization* Self		Form (Cash, Check, etc.) Check	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 8/12/19	Amount \$750.00
Full Name of Contributor Steve + Donna Katz			Registration Number, if PAC	
Street Address 1776 Provenance Way	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Northbrook	State IL <input type="checkbox"/>	Zip Code 60062	Date (MM/DD/YYYY) 8/19/19	Amount \$500.00
Full Name of Contributor Dianma + Byron Bessignano			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 9/9/19	Amount \$50.00
Full Name of Contributor Julie Handler, LISW LLC			Registration Number, if PAC	
Street Address 1075 Beecher Crossing N # C	Employer/Occupation/Labor Organization* Self		Form (Cash, Check, etc.) Check	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 9/10/19	Amount \$500.00
Full Name of Contributor Julie Handler, LISW LLC			Registration Number, if PAC	
Street Address 1075 Beecher Crossing N # C	Employer/Occupation/Labor Organization* Self		Form (Cash, Check, etc.)	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 9/23/19	Amount \$500.00

*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)]