



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Cotner				
Full Name of Contributor Debbie Bolyard			Registration Number, if PAC	
Street Address 1340 Reserve Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 06/26/2019	Amount 100.00
Full Name of Contributor Don Supelak			Registration Number, if PAC	
Street Address 4044 Chennin Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 06/26/2019	Amount 50.00
Full Name of Contributor William Hills			Registration Number, if PAC	
Street Address 8175 Priestly Drive		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 06/28/2019	Amount 550.00
Full Name of Contributor Michael O'Sullivan			Registration Number, if PAC	
Street Address 7802 Quarry Cliff Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 07/23/2019	Amount 100.00
Full Name of Contributor Felix Huertas			Registration Number, if PAC	
Street Address 1303 Creekside Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 09/20/2019	Amount 300.00

*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)]