



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor Rebecca Krenelka			Registration Number, if PAC	
Street Address 6066 Homewell Street	Employer/Occupation/Labor Organization* IT Business Analyst		Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/28/2019	Amount 50.00
Full Name of Contributor Winfield Sapp			Registration Number, if PAC	
Street Address 3623 Dinsmore Castle Drive	Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/22/2019	Amount 30.00
Full Name of Contributor Will Klatt			Registration Number, if PAC	
Street Address 80 E Lakeview	Employer/Occupation/Labor Organization* Ohio Education Association		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/26/2019	Amount \$9.30
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State 	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 	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)]