



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Winstead For Council				
Full Name of Contributor Brian Gildea			Registration Number, if PAC	
Street Address 1012 Arcaro Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount 50.00
Full Name of Contributor John GARRETT			Registration Number, if PAC	
Street Address 416 BAYwood PL		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount 50.00
Full Name of Contributor Jon Paul Wester			Registration Number, if PAC	
Street Address 1132 Riva Ridge Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CASH
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount 50.00
Full Name of Contributor Michelle Sobocki			Registration Number, if PAC	
Street Address 1614 Bentmaple Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY)	Amount \$25.00
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)]

Page Total **\$ 175.00**