



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor Sharon Lastrapes			Registration Number, if PAC	
Street Address 1705 Carollee Lane	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Winterpark	State FL	Zip Code 32789	Date (MM/DD/YYYY) 08/08/2019	Amount 250.00
Full Name of Contributor Denise Franz King			Registration Number, if PAC	
Street Address 170 S. Riverview St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 08/31/2019	Amount 100.00
Full Name of Contributor Cap Clegg			Registration Number, if PAC	
Street Address 5334 McGinty Court	Employer/Occupation/Labor Organization* Columbus Financial Concepts		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/13/2019	Amount 250.00
Full Name of Contributor Dwight Seeley			Registration Number, if PAC	
Street Address 4990 Donegal Cliffs Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/16/2019	Amount 100.00
Full Name of Contributor Michael Moran			Registration Number, if PAC	
Street Address 7056 Shady Nelms Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/16/2019	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)]