



Statement of Contributions Received

Form 31-A

ORC 3517.10

RECEIVED

Full Name of Committee Friends of Troy Markham					2019 NOV 12 AM 10:55	
Full Name of Contributor X Marjorie Garck				Registration Number, if PAC		
Street Address 1631 Roxbury Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Mable Cliff	State OH	Zip Code 43212	Date (MM/DD/YYYY) 06/24/2019	Amount 25.00		
Full Name of Contributor X Jonathan Feibel				Registration Number, if PAC		
Street Address 218 N. Parkview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/28/2019	Amount 250.00		
Full Name of Contributor X Sheila Staub				Registration Number, if PAC		
Street Address 176 S. Stanwood		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/25/2019	Amount 100.00		
Full Name of Contributor X Michele Bernstein				Registration Number, if PAC		
Street Address 2334 Boston Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/23/2019	Amount 25.00		
Full Name of Contributor X Geraldine Ellman				Registration Number, if PAC		
Street Address 260 N. Columbia		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/23/2019	Amount 25.00		

*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)]

Page Total \$425.00