



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Elect Jon Parker-Jones					Registration Number, if PAC	
Full Name of Contributor Jon Parker-Jones					Registration Number, if PAC	
Street Address 3070 Landen Farm Rd. E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Bank Transfer	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/01/2019		Amount 2,000.00	
Full Name of Contributor Andy Teater					Registration Number, if PAC	
Street Address 3837 Dayspring Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/26/2019		Amount 200.00	
Full Name of Contributor Jennifer Simon					Registration Number, if PAC	
Street Address 8221 W Lake Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Chanhassen	State MN	Zip Code 55317	Date (MM/DD/YYYY) 08/20/2019		Amount 200.00	
Full Name of Contributor Karen Muse					Registration Number, if PAC	
Street Address 732 Terra Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 08/23/2019		Amount 50.00	
Full Name of Contributor Susan Parker					Registration Number, if PAC	
Street Address 3070 Landen Farm Rd. E.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/24/2019		Amount 200.00	

*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)]