



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee for Bexley Excellence				
Full Name of Contributor Robert Messinger			Registration Number, if PAC	
Street Address 2474 Seneca Park Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/10/2019	Amount 0.50
Full Name of Contributor Edward Cahill			Registration Number, if PAC	
Street Address 182 S. Dawson Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/10/2019	Amount 100.00
Full Name of Contributor Robert Messinger			Registration Number, if PAC	
Street Address 2474 Seneca Park Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/11/2019	Amount 0.50
Full Name of Contributor MARLEE SNOWDEN			Registration Number, if PAC	
Street Address 326 N. Columbia Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/12/2019	Amount 250.00
Full Name of Contributor Melissa Lacroix			Registration Number, if PAC	
Street Address 254 Ashbourne Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 06/12/2019	Amount 1,000.00

*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 \$1,351.00