



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee MARK KOGLER FOR CITY COUNCIL COMMITTEE				
Full Name of Contributor GARY VANDERSON			Registration Number, if PAC	
Street Address 8891 CAITHNESS DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City POWELL	State OH	Zip Code 43065	Date (MM/DD/YYYY) 07/25/2007	Amount \$25
Full Name of Contributor PORTER WRIGHT MORRIS & ARTHUR LLP			Registration Number, if PAC	
Street Address 41 S. HIGH STREET		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/01/2017	Amount \$150
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]