



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor Ginger Kockentiet			Registration Number, if PAC	
Street Address 4325 Summit View Rd.	Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/10/2019	Amount 250.00
Full Name of Contributor Lyn Charabee			Registration Number, if PAC	
Street Address 8896 Caithness	Employer/Occupation/Labor Organization* Coldwell Banker King Thompson		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/11/2019	Amount 250.00
Full Name of Contributor Symphony Circone			Registration Number, if PAC	
Street Address 5543 Eva Loop N	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/11/2019	Amount 100.00
Full Name of Contributor Debbie Korcykoski			Registration Number, if PAC	
Street Address 8026 Summerhouse Dr. W	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/11/2019	Amount 25.00
Full Name of Contributor Louis Charabee			Registration Number, if PAC	
Street Address 8896 Caithness Dr.	Employer/Occupation/Labor Organization* Bee Scientific		Form (Cash, Check, etc.) Paypal	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/15/2019	Amount 250.00

*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)]