

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee		
Klingler	for Bexley Ci	tu Council
Full Name of Contributor	J	Registration Number, if PAC
Denise Klingle	.	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
37 Jefferson Ridge Dr.		paypal
l ·	State Zip Code Date (MM/D	1 4
Pataskala	OH 43062 08/1:	5/2019 50.00
Full Name of Contributor		Registration Number, if PAC
David Orensten		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
2341 Bryden Rd.		paypal
City	State Zip Code Date (MM/D	, , H
Bexley	OH 43209 08/	19/2019 \$150.00
Full Name of Contributor		Registration Number, if PAC
Kathleen Klingler	^	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4689 Glanstonbury D)r	paypal
City	State Zip Code Date (MM/D	. 9-
Hilliard	04 43006 08/	24/2019 50.00
Full Name of Contributor		Registration Number, if PAC
Gretchen Feldma	190	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
789 S. Cassinghan	n Rd.	venmo
City	State Zip Code Date (MM/D	· • • • • • • • • • • • • • • • • • • •
Bexley	OH 43209 08	/23/2019 50.00
Full Name of Contributor		Registration Number, if PAC
Ben Izzie		
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
2240 Bryden Ro	<i>[</i>	check
	<u> </u>	
Full Name of Contributor Ben Izzie Street Address 2240 Bryden Ro City Bexley, OH	State Zip Code Date (MM/I	2 1 4 1

Page Total	QUAR X	
	700.	

^{*}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)]