



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Walsh For Bexley				
Full Name of Contributor Stephanie Borders			Registration Number, if PAC	
Street Address 773 S. Cassingham Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/05/2019	Amount 20.00
Full Name of Contributor Alli Wiley Arney			Registration Number, if PAC	
Street Address 1035 Grandon Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/05/2019	Amount 50.00
Full Name of Contributor Kandra Roberts			Registration Number, if PAC	
Street Address 930 Montrose Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/05/2019	Amount 50.00
Full Name of Contributor David Tetzloff			Registration Number, if PAC	
Street Address 81 Stanwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/06/2019	Amount 20.00
Full Name of Contributor Larry Deatley Ellyson			Registration Number, if PAC	
Street Address 46 N. Remington Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/20/2019	Amount 45.00

*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)]