



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
KAREN J. ANBELOU FOR COUNCIL						
Full Name of Contributor Reg				Registration Number	Registration Number, if PAC	
ERIC R. MILLER						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
588 WICKHAM WAY			CHECK			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
GAHANNA	ОН	43230		08/14/2019	\$50.00	
Full Name of Contributor	Registration Number				er, if PAC	
THOMAS WESTER						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
888 LUDWIG DR.					CHECK	
City	State	Zip Code	Date (MM/DI	D/YYY)	Amount	
GAHANNA	ОН	43230	İ	08/14/2019	\$100.00	
Full Name of Contributor	Registration Number				er, if PAC	
LYNN M. STEWART						
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
1304 RETREAT LN.					CHECK	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
NEW ALBANY	ОН	43054		08/14/2019	\$200.00	
Full Name of Contributor Registration Number					er, if PAC	
DONALD FRAZIER						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
95 S. HAMILTON RD.					CHECK	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
GAHANNA	ОН	43230		08/16/2019	\$50.00	
Full Name of Contributor Registration Number					er, if PAC	
JOSEPH F. SPANOVICH						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
128 OAK CREEK PL.					CHECK	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
GAHANNA	ОН	43230		08/16/2019	\$100.00	

Page Total \$500.00

^{*}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)]