



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Elect Jon Parker-Jones				
Full Name of Contributor Maria Stead			Registration Number, if PAC	
Street Address 5147 Portland St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/01/2019	Amount 20.00
Full Name of Contributor Isao Shoji			Registration Number, if PAC	
Street Address 347 Ashworth Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/02/2019	Amount 100.00
Full Name of Contributor Jean Shackle			Registration Number, if PAC	
Street Address 4958 Shannonbrook Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/07/2019	Amount 100.00
Full Name of Contributor Andrew McCartt			Registration Number, if PAC	
Street Address 5068 Waycroft Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/07/2019	Amount 63.67
Full Name of Contributor Christie Farnbaugh			Registration Number, if PAC	
Street Address 4327 Claymil Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/11/2019	Amount 25.00

*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)]