



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee JOHN GALASSO FOR COUNCIL				
Full Name of Contributor BOBLO PAC OF CENTRAL OHIO			Registration Number, if PAC	
Street Address SUITE 280 445 HUTCHINSON AVE		Employer/Occupation/Labor Organization* LABOR ORGANIZATION		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43235	Date (MM/DD/YYYY) 10-29-2019	Amount \$300.00
Full Name of Contributor JONATHAN W. KLEIN			Registration Number, if PAC	
Street Address 101 HEATHER LANE		Employer/Occupation/Labor Organization* ATTORNEY		Form (Cash, Check, etc.) CHECK
City POWELL	State OH	Zip Code 43066	Date (MM/DD/YYYY) 10-08-2019	Amount \$250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total **\$550.00**