



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Supporters of Westerville Police				
Full Name of Contributor OhioHealth			Registration Number, if PAC	
Street Address 3430 OhioHealth Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/20/2019	Amount 1500.00
Full Name of Contributor Trinity Health (Mt Carmel Health Service)			Registration Number, if PAC	
Street Address 20555 Victor Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Livonia	State MI	Zip Code 48152	Date (MM/DD/YYYY) 09/27/2019	Amount \$1500.00
Full Name of Contributor Metz, Bailey & Mcloughlin			Registration Number, if PAC	
Street Address 33 E Schrock Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/07/2019	Amount \$500.00
Full Name of Contributor Dennis Blair			Registration Number, if PAC	
Street Address 653 McCorkle Blvd, Suite L		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Stripe
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 09/16/2019	Amount 1.00
Full Name of Contributor Dennis Blais			Registration Number, if PAC	
Street Address 653 McCorkle Blvd, Suite L		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Stripe
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 09/19/2019	Amount 1.00

*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)]