



Statement of Contributions Received

Page 1

Form 31-A

ORC 3517.10

Full Name of Committee Neighbors for Barga				
Full Name of Contributor Carol Ottolenghi			Registration Number, if PAC —	
Street Address 1309 S Roosevelt Ave		Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43043	Date (MM/DD/YYYY) 06/24/2019	Amount 1000
Full Name of Contributor Abby Ottolenghi			Registration Number, if PAC —	
Street Address 485442 Crandall Dr		Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/05/2019	Amount 100
Full Name of Contributor the law office of Robert M. Buzza			Registration Number, if PAC —	
Street Address 455 Arden Dr		Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43211	Date (MM/DD/YYYY) 08/09/2019	Amount 400
Full Name of Contributor Grace & Steven Hicks			Registration Number, if PAC —	
Street Address 1481 Lancaster Ave		Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/28/2019	Amount 50
Full Name of Contributor Pat Mahaffey			Registration Number, if PAC —	
Street Address —		Employer/Occupation/Labor Organization* —		Form (Cash, Check, etc.) check
City —	State —	Zip Code —	Date (MM/DD/YYYY) 08/28/2019	Amount 25

*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)]