



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Joe Bizjak				
Full Name of Contributor Rita Foltman			Registration Number, if PAC	
Street Address 5611 W. Hill Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Boise	State ID	Zip Code 83703	Date (MM/DD/YYYY) 02/12/2019	Amount 30.00
Full Name of Contributor Stein For State Representative			Registration Number, if PAC	
Street Address 2854 State Route 61	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Norwalk	State OH	Zip Code 44857	Date (MM/DD/YYYY) 02/13/2019	Amount 200.00
Full Name of Contributor Jennifer Sitterley Baum			Registration Number, if PAC	
Street Address 1809 Glenhurst Dr. NW	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lancaster	State OH	Zip Code 43130	Date (MM/DD/YYYY) 03/07/2019	Amount 100.00
Full Name of Contributor David Levacy			Registration Number, if PAC	
Street Address 12345 Wolfe Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Millersport	State OH	Zip Code 43046	Date (MM/DD/YYYY) 03/08/2019	Amount 250.00
Full Name of Contributor Columbus Apartment Association			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/29/2019	Amount 100.00

*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)]