



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor			Registration Number, if PAC	
James Praier				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
2000 Malvern Rd			Check	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43221	09/08/2019	\$100.00
Full Name of Contributor			Registration Number, if PAC	
Patricia Hadler				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1921 Suffolk Rd			Card	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43221	10/14/2019	\$100.00
Full Name of Contributor			Registration Number, if PAC	
Kelly Cantwell				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1921 Suffolk Rd			Card	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43221	10/14/2019	\$50.00
Full Name of Contributor			Registration Number, if PAC	
Cindy Philipot				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
307 Lane St			Card	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
New Bremen	OH <input checked="" type="checkbox"/>	45869	10/12/2019	\$500.00
Full Name of Contributor			Registration Number, if PAC	
Molly Hagkull				
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
1735 Doone Rd			Card	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH <input checked="" type="checkbox"/>	43221	10/08/2019	\$50.00

*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)]