



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Full Name of Contributor Joseph Petrelli			Registration Number, if PAC	
Street Address 2212 Picket Post Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Date (MM/DD/YYYY) 09/19/2019	Amount \$100.00
Full Name of Contributor Farida Elhehawy			Registration Number, if PAC	
Street Address 1283 Darcann Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Date (MM/DD/YYYY) 09/19/2019	Amount \$50.00
Full Name of Contributor Lynda Wager			Registration Number, if PAC	
Street Address 1838 North Devon Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 09/11/2019	Amount \$50.00
Full Name of Contributor Barbara Emery			Registration Number, if PAC	
Street Address 1991 Suffolk Road Unit 1	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount \$25.00
Full Name of Contributor Marianne Mitchell			Registration Number, if PAC	
Street Address 1558 Guilford Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	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)]