



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Klingler for Bexley City Council				
Full Name of Contributor Tim Pitts			Registration Number, if PAC	
Street Address 270 S. Dawson Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10/04/2019	Amount \$100.00
Full Name of Contributor Fundraising Event (see Form 31-E)			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY) 08/24/2019	Amount \$1,045.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State 	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total **\$1,145.00**