



Statement of Contributions Received

Page 1

Form 31-A

ORC 3517.10

Full Name of Committee Mike Denison for Bexley Schools					Registration Number, if PAC	
Full Name of Contributor Erica Drewry					Form (Cash, Check, etc.) Check	
Street Address 919 Grandon Avenue		Employer/Occupation/Labor Organization*			Amount \$50.00	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019		Amount \$50.00	
Full Name of Contributor Pamela Hagely					Registration Number, if PAC	
Street Address 992 Montrose Avenue					Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019		Amount \$100.00
Full Name of Contributor Gretchen Webster					Registration Number, if PAC	
Street Address 1017 Euclaire Avenue					Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019		Amount \$25.00
Full Name of Contributor Stephen Parsons					Registration Number, if PAC	
Street Address 2558 Bryden Road					Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019		Amount \$100.00
Full Name of Contributor Beverly Matteson					Registration Number, if PAC	
Street Address 708 Euclaire Avenue					Form (Cash, Check, etc.) Check	
City Bexley		State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/15/2019		Amount \$10.00

*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)]

Page Total 3