



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor JP Design			Registration Number, if PAC	
Street Address 275 Bridle Path Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY) 09/12/2019	Amount 5.00
Full Name of Contributor Kent Underwood			Registration Number, if PAC	
Street Address 4636 Stockport Cr		Employer/Occupation/Labor Organization* Smile Doctors		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/22/2019	Amount 250.00
Full Name of Contributor Joseph Sullivan			Registration Number, if PAC	
Street Address 7539 Bardston Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/30/2019	Amount 100.00
Full Name of Contributor Linda Lipps			Registration Number, if PAC	
Street Address 6465 Wyndburne Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/01/2019	Amount 100.00
Full Name of Contributor Robert Beggs			Registration Number, if PAC	
Street Address 1675 Old Henderson Rd.		Employer/Occupation/Labor Organization* Beggs Law Offices		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/27/2019	Amount 250.00

*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)]