

## Statement of Contributions Received

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Form 31-A

					ORC 3517.10
Full Name of Committee	. ***			· · · · · · · · · · · · · · · · · · ·	
Citizens for Joe Bizjak					
Full Name of Contributor				Registration Number	er, if PAC
Betty Montgomery					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1164 Dawn Dr.	Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Reynoldsburg	он	43068		01/30/2019	150.00
Full Name of Contributor				Registration Number	er, if PAC
Andrew Havas					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
1900 Aschinger Blvd.					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43212		01/31/2019	100.00
Full Name of Contributor		<u></u>		Registration Number	er, if PAC
Rhett Ricart					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
661 Dennison Ave.					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43215		01/31/2019	250.00
Full Name of Contributor				Registration Number	er, if PAC
Stephen Cicak					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
6866 Roundelay Rd.					PayPal
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Reynoldsburg	ОН	43068		02/03/2019	100.00
Full Name of Contributor				Registration Number	er, if PAC
Christine Francisco					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
6329 Chestnut Hills Dr.		PayPal			
City	State	Zip Code	Date (MM/D	DD/YYYY)	Amount
Parma	ОН	44129	02/06/2019		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)]

Page Total	650.00
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