



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Conley For Council				
Full Name of Contributor Nancy Nestor-Baker			Registration Number, if PAC	
Street Address 25 S. Vine Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/02/2019	Amount 100.00
Full Name of Contributor Scott Hrabcak			Registration Number, if PAC	
Street Address 150 Baranof W		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/05/2019	Amount 100.00
Full Name of Contributor Lawrence C Jenkins			Registration Number, if PAC	
Street Address 58 W. College Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/08/2019	Amount 100.00
Full Name of Contributor Nancy E Cowee			Registration Number, if PAC	
Street Address 1128 Forest Glen		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/20/2019	Amount 100.00
Full Name of Contributor Mary Joy Rose			Registration Number, if PAC	
Street Address 2945 Berry Lane Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 08/23/2019	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)]