



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Aileen Wagner				
Full Name of Contributor Robert Tenenbaum			Registration Number, if PAC	
Street Address 4909 Stonehaven Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Upper Arlington	State OH	Zip Code 43220	Date (MM/DD/YYYY) 08/15/2019	Amount 25.00
Full Name of Contributor Mindy Hall			Registration Number, if PAC	
Street Address 341 Seminole Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 08/17/2019	Amount 20.00
Full Name of Contributor Louise Valentine			Registration Number, if PAC	
Street Address 6768 Fox Run Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08/22/2019	Amount 25.00
Full Name of Contributor Beth Liston			Registration Number, if PAC	
Street Address 2193 Stratingham Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09/13/2019	Amount 100.00
Full Name of Contributor Miriam Matteson			Registration Number, if PAC	
Street Address 4885 Sharon Hill Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) online
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 09/14/2019	Amount 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 \$220.00