



Full Name of Committee Friends of Troy Markham				
Full Name of Contributor Sarah Kay			Registration Number, if PAC	
Street Address 96 Columbia		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/16/2019	Amount \$ 500.00
Full Name of Contributor Harlan Robins			Registration Number, if PAC	
Street Address 25 Session Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/29/2019	Amount \$ 250.00
Full Name of Contributor April Katz			Registration Number, if PAC	
Street Address 271 N. Columbia		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/3/2019	Amount \$ 200.00
Full Name of Contributor Michael and Karen Jones			Registration Number, if PAC	
Street Address 903 Grandon Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/3/2019	Amount \$ 100.00
Full Name of Contributor Julie Friedlander			Registration Number, if PAC	
Street Address 47 N. Parkview Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 9/7/2019	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)]