



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Joe Bizjak				
Full Name of Contributor Stivers for Congress			Registration Number, if PAC	
Street Address 4679 Winterset Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 04/22/2019	Amount 250.00
Full Name of Contributor Alex Lape			Registration Number, if PAC	
Street Address 13759 Sudbury Dr. NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 04/25/2019	Amount 75.00
Full Name of Contributor Samuel Clough			Registration Number, if PAC	
Street Address 6 Ridgcrest Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Fairhaven	State MA	Zip Code 02719	Date (MM/DD/YYYY) 04/25/2019	Amount 75.00
Full Name of Contributor Branden Meyer			Registration Number, if PAC	
Street Address 9127 Ashley Creek Terr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 04/25/2019	Amount 250.00
Full Name of Contributor Alex St. Leger			Registration Number, if PAC	
Street Address 4439 E. Laurel Ridge Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Port Clinton	State OH	Zip Code 43452	Date (MM/DD/YYYY) 04/25/2019	Amount 10.00

*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)]