



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Elect Jon Parker-Jones				
Full Name of Contributor Sheila Core			Registration Number, if PAC	
Street Address 638 Aldengate Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Galloway	State OH	Zip Code 43119	Date (MM/DD/YYYY) 10/18/2019	Amount \$40.00
Full Name of Contributor Robin Trafford			Registration Number, if PAC	
Street Address 5656 Barry Trace		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 7868
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Sharon Esswein			Registration Number, if PAC	
Street Address 6051 Coventry Hurst Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check 5557
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/25/2019	Amount \$100.00
Full Name of Contributor Kristy Maxwell			Registration Number, if PAC	
Street Address 5302 Soldiers Home Msbg Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Miamisburg	State OH	Zip Code 45342	Date (MM/DD/YYYY) 10/28/2019	Amount \$50.00
Full Name of Contributor Jim Smith			Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/02/2019	Amount \$150.00

*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 \$440.00