



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETER MARSH FOR CITY COUNCIL				
Full Name of Contributor PETER MARSH			Registration Number, if PAC	
Street Address 3563 GOLDENROD ST.		Employer/Occupation/Labor Organization* BLUE OAK PATIO & LANDSCAPE, LLC		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/17/2019	Amount \$3,000.00
Full Name of Contributor JOSEPH T. MARTIN			Registration Number, if PAC	
Street Address 8601 MORRIS RD.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/17/2019	Amount \$100.00
Full Name of Contributor PETER MARSH			Registration Number, if PAC	
Street Address 3563 GOLDENROD ST.		Employer/Occupation/Labor Organization* BLUE OAK PATIO & LANDSCAPE, LLC		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/21/2019	Amount \$4,000.00
Full Name of Contributor CHRISTOPHER J. LEWIE			Registration Number, if PAC	
Street Address 5377 EDIE DRIVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/25/2019	Amount \$50.00
Full Name of Contributor PETER MARSH			Registration Number, if PAC	
Street Address 3563 GOLDENROD ST.		Employer/Occupation/Labor Organization* BLUE OAK PATIO & LANDSCAPE, LLC		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 11/05/2019	Amount \$800.00

*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)]