



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Mike Denison for Bexley Schools				
Full Name of Contributor James Macdonald			Registration Number, if PAC	
Street Address 241 S. Ardmore Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/17/2019	Amount \$200.00
Full Name of Contributor Barbara Denison			Registration Number, if PAC	
Street Address 5435 Morse Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/02/2019	Amount \$50.00
Full Name of Contributor Joel Marlin			Registration Number, if PAC	
Street Address 161 W. 106th St, #4E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New York City	State NY	Zip Code 10025	Date (MM/DD/YYYY) 08/20/2019	Amount \$100.00
Full Name of Contributor Kris Armstrong			Registration Number, if PAC	
Street Address 761 S. Cassingham Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019	Amount \$50.00
Full Name of Contributor Diana Sullivan			Registration Number, if PAC	
Street Address 911 Vernon Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Venmo
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/14/2019	Amount \$25.00

*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)]