



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor Craig Zimmers			Registration Number, if PAC	
Street Address 8864 Nairn Ct.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/19/2019	Amount 250.00
Full Name of Contributor Mark Keister			Registration Number, if PAC	
Street Address 7759 Crawley Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/24/2019	Amount 100.00
Full Name of Contributor Robert Fields			Registration Number, if PAC	
Street Address 6158 Inverurie Dr.	Employer/Occupation/Labor Organization* Fields Auto Works		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/24/2019	Amount 250.00
Full Name of Contributor John Susie			Registration Number, if PAC	
Street Address 8682 Hawick Ct. N	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/24/2019	Amount 100.00
Full Name of Contributor Grace Elizabeth Gushue			Registration Number, if PAC	
Street Address 5738 Haddington Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/24/2019	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)]