31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Reset Form

The Committee To Elect Aaron Mo			Registrat	ion Numb	er, if PA	A.C	
ull Name of Contributor Lisa Wallschlaeger			Registrat	3031 14011113	C1. 11 • 7		
treet Address 89-9 Glassford Ct. North	Employer/Occupati	Employer/Occupation/Labor Organization*		Access to the second se		Form (Cash, Check, etc.) Check	
Dublin	State OH 🗇	Zip Code 43016	0 ^M 8 ·	180) 9	Amount 40.00	
full Name of Contributor Denise Gorden		and the second s	Registral	tion Numb	er, if P	AC	
7866 Harriott Rd	Employer/Occupat	Employer/Occupation/Labor Organization*		Score		Form (Cash, Check, etc.) Check	
Plain City	State OH 🗇	Zip Code 45064	1 1 1	200) ^Y 9	Amount 75.00	
Full Name of Contributor Robert Gibson			Registra	tion Numb	er, if P	AC	
Street Address 5678 Rothesay Dr	Employer/Occupat	ion/Labor Organization*				Form (Cash, Cheek, etc.) Check	
Dublin	State OH ©	Zip Code 43017	1 1	2 ^D 0	o ^y 9	Amount 100.00	
Full Name of Contributor Roger Gorden			Registra	uion Num	ber, if P	AC	
Street Address 7866 Harriott Rd	Employer/Occupa	tion/Labor Organization*		404-M		Form (Cash, Check, etc.) Cash	
Plain City	State OH ©	Zip Code 45064	1 1	2 0 C) ^Y 9	Amount 75.00	
Full Name of Contributor			Registra	ation Num	ber, if P	AC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH 💸	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Num	ber, if I	PAC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City Association of the control of	State OH 📀	Zip Code	M	D	Y	Amount	
Full Name of Contributor		The first transport of transport of the first	Registr	ation Nun	ber, if	PAC	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			***************************************	Form (Cash, Check, etc.)	
City	State OH 🕥	Zip Code	М	D	Y	Ansount	
Full Name of Contributor	OH ②		Registr	ration Nun	iber, if	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			KANADA INTER	Form (Cash, Check, etc.)	
City	State OH 💸	Zip Code	М	D	Y	Amount	

^{*} 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)]