



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee <i>Handler For Gahanna Schools</i>				
Full Name of Contributor <i>HLS Bonding Co.</i>			Registration Number, if PAC	
Street Address <i>571 S High St</i>		Employer/Occupation/Labor Organization* <i>HLS Bonding Co.</i>		Form (Cash, Check, etc.) <i>Credit Card</i>
City <i>Columbus</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43215</i>	Date (MM/DD/YYYY) <i>9/23/19</i>	Amount <i>\$ 731.25</i>
Full Name of Contributor <i>Jon <del>WATKINS</del> Handler</i>			Registration Number, if PAC	
Street Address <i>1105 Arcado Dr</i>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <i>Check</i>
City <i>Gahanna</i>	State <i>OH</i> <input checked="" type="checkbox"/>	Zip Code <i>43230</i>	Date (MM/DD/YYYY) <i>11/26/19</i>	Amount <i>\$ 75.00</i>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	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)]