



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee							
Campaign for Election of Andrew Keeler					or if PAC		
Full Name of Contributor Registration Nu Robin Campbell					51, II I AQ		
		Form (Cash, Check, etc.)					
Street Address 5565 Brand Rd.	Employen	Occupation/Labor Org	Check				
	State	Zip Code	Amount				
July 1	OH	43017	Date (MM/DD/YYYY) 09/24/2019				
	011	43017					
Full Name of Contributor		Registration Num		Registration Number	er, if PAC		
Michael Isler							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
5720 Brand Rd.	VMware		Check				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Dublin	он	43017		09/24/2019	150.00		
Full Name of Contributor	or Registration Numb				er, if PAC		
Ronald Geese							
Street Address	Employer/	Occupation/Labor Org	ganization*	I	Form (Cash, Check, etc.)		
6584 Brand Rd.			Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Dublin	он	43017	09/24/2019		100.00		
ull Name of Contributor Registration Num					er, if PAC		
Anne Geese							
Street Address	Employer	Occupation/Labor Or	Form (Cash, Check, etc.)				
6584 Brand Rd.			Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Dublin	ОН	43017		09/23/2019	100.00		
Full Name of Contributor	Registration Numb			er, if PAC			
Angel Ricardo Kowalski							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6875 Park Mill Dr.	Check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Dublin	ОН	43017	09/25/2019 100.00		100.00		

Page	Total	550.00		

^{*}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)]