



Statement of Contributions Received

Form 31-A

ORC 3517.10

ke Denison for Bexley Schools				Registration Number	, if PAC
Name of Contributor				_	
elanie Crabill		in all abor	Organization*		Form (Cash, Check, etc.)
eet Address	Employer/Occupation/Labor Organization*			Venmo	
1 S. Cassingham Road		State Zip Code Date (MM/DD/YYYY)			
у	State	Zip Code	Date (MM/L	09/14/2019	\$25.00
exley	ОН	43209		Registration Number	
ull Name of Contributor				Registration Number	n, 117 AO
enn Slagle					Form (Cash, Check, etc.)
reet Address	Employe	Employer/Occupation/Labor Organization*			Venmo
14 N. Stanwood Road					
	State	Zip Code	Date (MM/	DD/YYYY)	Amount
ity evlev	ОН	43209		09/11/2019	
exley				Registration Numb	er, if PAC
ull Name of Contributor					
arry Matteson	Employ	/er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)
Street Address	Linpio	Епіроуси сострана			Venmo
708 Euclaire Avenue	State	Zip Code	Date (MM	MDD/YYYY)	Amount
City	OH	43209		09/10/2019	\$50.00
Bexley	OIT			Registration Num	ber, if PAC
Full Name of Contributor				, tog	
Mary Myers			Oi-ation	,*	Form (Cash, Check, etc.)
Street Address	Emple	oyer/Occupation/Lat	or Organization	l	Venmo
384 Eastmoor Blvd					Amount
City	State	Zip Code	Date (M	M/DD/YYYY) 08/25/201	
Columbus	ОН	43209			
Full Name of Contributor				Registration Nur	nder, IT PAC
					and the state of t
Joe Macneil	Emp	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address					Venmo
272 S. Ardmore Road	State	Zip Code	Date (MM/DD/YYYY)	Amount
City	OH	43209		09/18/20	19 \$100

*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)]

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