



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor Barry Penland-Coyle			Registration Number, if PAC	
Street Address 6352 Conleth Cir	Employer/Occupation/Labor Organization* GOPROTO		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/03/2019	Amount 250.00
Full Name of Contributor Ronald Morgan			Registration Number, if PAC	
Street Address 8201 Addinston Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/03/2019	Amount 50.00
Full Name of Contributor Peter Georgiton			Registration Number, if PAC	
Street Address 5535 Capleston Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/03/2019	Amount 100.00
Full Name of Contributor William Root			Registration Number, if PAC	
Street Address 5968 MacEwen Ct.	Employer/Occupation/Labor Organization* Resch Root and Philipps LLC		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/10/2019	Amount 200.00
Full Name of Contributor Geeta Viddam			Registration Number, if PAC	
Street Address 7706 Kestrel Way E	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/10/2019	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)]