



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Keep Brisk and Durik				
Full Name of Contributor Marlene Brisk			Registration Number, if PAC	
Street Address 8026 Loomis Court	Employer/Occupation/Labor Organization* Schottenstein Property Group		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/06/2019	Amount \$679.38
Full Name of Contributor Mike Durik			Registration Number, if PAC	
Street Address 12 Keswick Commons	Employer/Occupation/Labor Organization* The Ohio State University		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/06/2019	Amount \$679.38
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	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	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	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)]