



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Committee to Elect Aileen Wagner					
Full Name of Contributor Registration Num					or if DAC
Tom Francy					iei, ii r Ao
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4650 Indian Court					online
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Westerville	ОН	43082	05/01/2019]
Full Name of Contributor Registration Numb					er if PAC
Lindsey Jensen				110911111111111111111111111111111111111	01, 11 7 7 0
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1398 E Long Street				online	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43203		05/01/2019	5.00
Full Name of Contributor	Registration Numbe				
Celia Marsh					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
63 Waterhouse St, 1				online	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Sommerville	MA	02144	05/01/2019		25.00
Full Name of Contributor	of Contributor Registration Numbe				
A.J. Wagner					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2461 Autumnwood Dr					online
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
State College	PA	16801		07/01/2019	300.00
Full Name of Contributor	Registration Numbe				er, if PAC
Laura Young					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
204 N Vine Ave	i i			online	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Westerville	ОН	43081	05/01/2019		50.00

Page Total \$405.00	
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^{*}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)]