



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee PETER MARSH FOR CITY COUNCIL				
Full Name of Contributor KIMBERLEY G. MOVSHIN			Registration Number, if PAC N/A	
Street Address 6106 CLOVER P.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City HILLIARD	State HI	Zip Code 43026	Date (MM/DD/YYYY) 07/02/2019	Amount 36.00
Full Name of Contributor PETER MARSH			Registration Number, if PAC N/A	
Street Address 3563 GOLDENROD ST.		Employer/Occupation/Labor Organization* BLUE OAK PATIO & LANDSCAPE LLC		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/11/2019	Amount 1,000.00
Full Name of Contributor CENTRAL OHIO REALTORS			Registration Number, if PAC	
Street Address 2700 AIRPORT DR.		Employer/Occupation/Labor Organization* CENTRAL OHIO REALTORS		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08/23/2019	Amount 1,000.00
Full Name of Contributor STIVERS FOR CONGRESS			Registration Number, if PAC	
Street Address 4679 WINTERSET DRIVE		Employer/Occupation/Labor Organization* STIVERS FOR CONGRESS		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/09/2019	Amount 1,000.00
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)]