



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee		· · · · · · · · · · · · · · · · · · ·					
KarenWilsonForCouncil.org							
Full Name of Contributor		Registration Number, if PAC					
Jennifer Button							
Street Address	Employ	er/Occupation/Lab	or Organization*		Form (Cash, Check, etc.)		
572 S SELBY BLVD				PayPal			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount		
Worthington	ОН	43085		10/13/2019	100.00		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employ	er/Occupation/Lab		Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employ	er/Occupation/Lab		Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employ	er/Occupation/Lab		Form (Cash, Check, etc.)			
City	State	Zip Code	Date (MM/DI	DMYYY)	Amount		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employ	er/Occupation/Lab		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)]

Page	Total	\$100			
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