



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Campaign for Election of Andrew Keeler				
Full Name of Contributor Wolfgang Lant			Registration Number, if PAC	
Street Address 5999 Beery Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 10/17/2019	Amount 100.00
Full Name of Contributor James Frazier			Registration Number, if PAC	
Street Address 1521 Riverwood Lane	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 10/28/2019	Amount 100.00
Full Name of Contributor Square, Inc			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) POS-test trans	
City San Francisco	State CA	Zip Code	Date (MM/DD/YYYY)	Amount .97
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)]