



Statement of Contributions Received

Form 31-A

ORC 3517.10

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Full Name of Committee Committee to elect JARVIS AS Mayor				
Full Name of Contributor Rosemary L. Stiteler			Registration Number, if PAC —	
Street Address 90 E. Columbus	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 04/25/19	Amount 50.00
Full Name of Contributor Donn L. Krentz			Registration Number, if PAC —	
Street Address 73 COVENANT Way - 13	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 05/09/19	Amount 20.00
Full Name of Contributor Joe Cantu			Registration Number, if PAC —	
Street Address 99 N. Trine St.	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Cash	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 05/28/19	Amount 200.00
Full Name of Contributor Marie Gibbons			Registration Number, if PAC —	
Street Address 69 Elizabeth St	Employer/Occupation/Labor Organization* UNK.		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 05/28/19	Amount 100.00
Full Name of Contributor Christopher Jarvis			Registration Number, if PAC —	
Street Address 3691 MULLANE CH	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 06/05/19	Amount 150.00

*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)]