



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Kirk for Mayor				
Full Name of Contributor Kirk Excavating			Registration Number, if PAC	
Street Address 1129 Stimmel Rd.		Employer/Occupation/Labor Organization* Kirk Excavating		Form (Cash, Check, etc.) Cash
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43223	Date (MM/DD/YYYY) 9.06.19	Amount 800.00
Full Name of Contributor Kirk Excavating			Registration Number, if PAC	
Street Address 1129 Stimmel Rd		Employer/Occupation/Labor Organization* Kirk Excavating		Form (Cash, Check, etc.) Cash
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43223	Date (MM/DD/YYYY) 9.16.19	Amount 700.00
Full Name of Contributor Jennifer Alveez			Registration Number, if PAC	
Street Address 5776 Daisy Trail		Employer/Occupation/Labor Organization* Havens limited		Form (Cash, Check, etc.) Check
City Grove City	State OH <input checked="" type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 9.9.19	Amount 50.00
Full Name of Contributor James R Havens			Registration Number, if PAC	
Street Address 141. E Town St.		Employer/Occupation/Labor Organization* Havens limited		Form (Cash, Check, etc.) Check
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 9.9.19	Amount 250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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

1800.00