



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Sarah Ackman				
Full Name of Contributor Lindsey Meissner			Registration Number, if PAC	
Street Address 2232 Bryden		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/12/2019	Amount \$ 25.00
Full Name of Contributor Michelle Grodner			Registration Number, if PAC	
Street Address 1203 Bay Harbour Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Centerville	State OH	Zip Code 45458	Date (MM/DD/YYYY) 09/21/2019	Amount \$ 50.00
Full Name of Contributor The Patriots - PAC			Registration Number, if PAC OH 1761	
Street Address 2470 E. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/18/2019	Amount \$ 400.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 **\$475.00**