

Statement of Contributions Received

Form 31-

ORC 3517.10

Full Name of Committee Frends of Tros Makhan					
Full Name of Contributor Registration Number, if PAC					
Street Address 199 V. Cassinh	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City Bexlex	State	Zip Code 43267	Date (MM/DD	/20 19	Amount SO SO
Full Name of Contributor Andre Clut	e			Registration Number, if PAC	
Street Address 1016 Vanon RD	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City Bexley	State	Zip Code 43209	Date (MM/DI	12019	# SO SO
Full Name of Contributor O May beth C	ant	XOV I		Registration Numl	ber, if PAC
Street Address 840 S. Remington Rd.	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City Bexley	State	Zip Code 43209	Date (MM/D	2019	# 40.00
Full Name of Contributor Angela Siefer Reg				Registration Num	ber, if PAC
Street Address 745 5. Cassingham	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City Bexley	State	Zip Code 43209	Date (MM/D	,	Amount \$50 50
Full Name of Contributor Shannon Markham Registration Number, if PAC					
Street Address RISIN Son Drive	Employ	er/Occupation/Labor (Organization*		Form (Cash, Check, etc.)
City Cata	State	Zip Code	Date (MM/E	4/2019	#75.9

*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)]