



Statement of Contributions Received

Form 31-A

ORC 3517.10

| | | | | |
|---|--------------------|--|--|--|
| Full Name of Committee Friends of Michael D Cole | | | | |
| Full Name of Contributor OPSEA AFSCME Turnaround Ohio PAC | | | Registration Number, if PAC LA1269 | |
| Street Address 6805 Oak Creek Dr | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check |
| City Columbus | State OH | Zip Code 43229 | Date (MM/DD/YYYY) 09/24/2019 | Amount \$2,000 |
| 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 |
| Full Name of Contributor | | | Registration Number, if PAC | |
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| 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)]