



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jessica Saad				
Full Name of Contributor Gwen Chastain			Registration Number, if PAC	
Street Address 1531 Broadway St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Indianapolis	State IN	Zip Code 46202	Date (MM/DD/YYYY) 10 24 19	Amount 250.00
Full Name of Contributor Liz Magee			Registration Number, if PAC	
Street Address 2648 Bryden Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 10 19	Amount 10.00
Full Name of Contributor Stephanie Cahill			Registration Number, if PAC	
Street Address 182 S Dawson Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10 29 19	Amount 20.00
Full Name of Contributor Jessica Oldham			Registration Number, if PAC	
Street Address 65 S Roosevelt Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 11 04 19	Amount 50.00
Full Name of Contributor Julie Fitzgerald			Registration Number, if PAC	
Street Address 2778 Powell Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 11 05 19	Amount 50.00

*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)]