



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Morgan				
Full Name of Contributor Brian Morgan			Registration Number, if PAC	
Street Address 3624 Dinsmore Castle Drive	Employer/Occupation/Labor Organization* Knox County Prosecutor		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/24/2019	Amount \$100.00
Full Name of Contributor Dana and Cathy Morgan			Registration Number, if PAC	
Street Address 6700 West Garbow Road	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check	
City Middleville	State OH	Zip Code 49333	Date (MM/DD/YYYY) 07/04/2019	Amount \$200.00
Full Name of Contributor Rod and Collette Swearingen			Registration Number, if PAC	
Street Address 269 Old Steubenville Pike	Employer/Occupation/Labor Organization* Surveyor/Administrative Assistant		Form (Cash, Check, etc.) Check	
City Cadiz	State OH	Zip Code 43907	Date (MM/DD/YYYY) 06/02/2019	Amount \$400
Full Name of Contributor Nicole Morgan			Registration Number, if PAC	
Street Address 3624 Dinsmore Castle Drive	Employer/Occupation/Labor Organization* Upper Arlington School District		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/15/2019	Amount \$10
Full Name of Contributor Christine Cottone			Registration Number, if PAC	
Street Address 4200 Dublin Rd.	Employer/Occupation/Labor Organization* editor		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/03/2019	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)]