



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Flower for Prairie				
Full Name of Contributor John Stuart			Registration Number, if PAC	
Street Address 555 Bryn Mawr Dr		Employer/Occupation/Labor Organization* Self-Employed		Form (Cash, Check, etc.) Check
City Gahanna	State	Zip Code 43230	Date (MM/DD/YYYY) 07/24/2019	Amount 42,500.00
Full Name of Contributor Jennifer Flower			Registration Number, if PAC	
Street Address 8524 Blue Lake Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Galloway	State	Zip Code 43211	Date (MM/DD/YYYY) 07/24/19	Amount \$30.00
Full Name of Contributor Jennifer Flower			Registration Number, if PAC	
Street Address 8524 Blue Lake Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Galloway	State	Zip Code 43119	Date (MM/DD/YYYY) 08/05/2019	Amount \$60.00
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

*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)]