



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Stasi Trout					
Full Name of Contributor Meredith Mundell				Registration Number, if PAC	
Street Address 3884 Equestrian Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) pay pal	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/29/2019	Amount \$9.41	
Full Name of Contributor Elizabeth Traxler				Registration Number, if PAC	
Street Address 4512 Dirham Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) pay pal	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/29/2019	Amount \$23.97	
Full Name of Contributor Lyle Moog				Registration Number, if PAC	
Street Address 3786 Claybank Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/29/2019	Amount \$25.00	
Full Name of Contributor Nancy Cutrell				Registration Number, if PAC	
Street Address 3150 Jergens Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) pay pal	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/02/2019	Amount \$23.97	
Full Name of Contributor Jon Parker-Jones				Registration Number, if PAC	
Street Address 3070 Landen Farms Rd E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 09/20/2019	Amount \$75.00	

*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)]

Page Total **\$157.35**