



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Melissa Anderson				
Full Name of Contributor Sharyn Anderson			Registration Number, if PAC	
Street Address 1474 Doncaster Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Youngstown	State OH	Zip Code 44511	Date (MM/DD/YYYY) 07/17/2019	Amount \$60.00
Full Name of Contributor Patricia OBrien			Registration Number, if PAC	
Street Address 1495 Cascade Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 07/17/2019	Amount \$50.00
Full Name of Contributor Dennis Wojtanowski			Registration Number, if PAC	
Street Address 10 Park Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/26/2019	Amount \$50.00
Full Name of Contributor Nancy Patricia Day Achauer			Registration Number, if PAC	
Street Address 5951 Luccis Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 08/09/2019	Amount \$25.00
Full Name of Contributor Robyn Lintner			Registration Number, if PAC	
Street Address 342 E. Deshler Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 08/09/2019	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)]

Page Total **\$235.00**