



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Carol Beckerle				
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC	
Street Address 340 E. Fulton	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/18/2019	Amount \$100
Full Name of Contributor Columbus Building and Construction/Construction Trades Council			Registration Number, if PAC	
Street Address 939 Goodale Blvd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 10/22/2019	Amount \$250
Full Name of Contributor Nationwide Mutual Insurance Co. PAC			Registration Number, if PAC C00076174	
Street Address One Nationwide Plaza 1-32-06	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/28/2019	Amount \$1,000
Full Name of Contributor Mike Rankin			Registration Number, if PAC	
Street Address 2432 Wyncourtney	Employer/Occupation/Labor Organization* Self Employed		Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 11/18/2019	Amount \$80
Full Name of Contributor Adjustment to balance account			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY) 11/18/2019	Amount \$217.70

*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 \$1,647.70