

Statement of Contributions Received

Form 31-A **QRC 3517.10**

Full Name of Committee						
Frends for Perry						
Full Name of Contributor	Registration No.				mber, if PAC	
Chris Paparodis						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3237 Parby 6leh Blud					check	
City	State Zip Code Date (MM/DDYYYY)			Amount		
HTILT and	Ohto	43026	10/24	4/2019	\$ 100.00	
Full Name of Contributor				Registration Nu	mber, if PAC	
Gira Perry						
et Address Employer/Occupation/Labor Organization*				<u>L </u>	Form (Cash, Check, etc.)	
2880 showberry Lh					cash	
City	State	Zip Code	Date (MM/D	DYYYY)	Amount	
Hilleard	Ohio	43076	10/31/	2019	\$50.00	
Full Name of Contributor				Registration Nu	mber, if PAC	
Michael Perm	-ael Perry					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2880 Snowberry LL					cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Holliard	Ohio	43026	11/04/	201a	\$ 100-00	
Full Name of Contributor	Registration Nu					
Gira Perm						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2980 Snowberry Lh	cash					
,	State	Zip Code	Date (MM/D	DYYYY)	Amount	
Hilliard	Ohio	43026	11/04	/201a	00.00	
Full Name of Contributor	Registration Num				mber, if PAC	
Alyssa Perry						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2490 Showberry LL					cash	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Hilliard	ordo	43026	11/04	12010	\$30.00	

*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	\$390-00
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