



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Perry				
Full Name of Contributor Chris Paparodis			Registration Number, if PAC	
Street Address 3237 Darby Glen Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 10/24/2019	Amount \$100.00
Full Name of Contributor Gina Perry			Registration Number, if PAC	
Street Address 2880 Snowberry Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 10/31/2019	Amount \$50.00
Full Name of Contributor Michael Perry			Registration Number, if PAC	
Street Address 2880 Snowberry Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 11/04/2019	Amount \$100.00
Full Name of Contributor Gina Perry			Registration Number, if PAC	
Street Address 2880 Snowberry Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 11/04/2019	Amount \$100.00
Full Name of Contributor Alyssa Perry			Registration Number, if PAC	
Street Address 2880 Snowberry Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 11/04/2019	Amount \$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 \$380.00