Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee					
Friends of Melissa Anderson					
Full Name of Contributor Registration Number				er, if PAC	
Kim Worman					
Street Address 237 E. Hinman Ave					Form (Cash, Check, etc.) electronic
city Columbus	State OH	zip Code 43207	Date (MM/DI	7/2019	Amount 25,00
Full Name of Contributor David Horvath				Registration Numb	er, if PAC
Street Address 27/9 N. College Ave					Form (Cash, Check, etc.) electronic
Indianapolis	State IN	Zip Code 46205	Date (MM/DI		# 100,00
Full Name of Contributor Dale Litt II Registration Numb					er, if PAC
Street Address Employer/Occupation/Labor Organization* 7488 Ashbrook Rd.NW					Form (Cash, Check, etc.) electronic
Canal Winchester	State OH	Zip Code 43/10	Date (MM/DI	000000 18/2019	#25.00
Troy Doucet 40 Doucet & Assoc. LPA Registration Number					er, if PAC
Street Address 700 Stonehenge PKWY Floor City	/ Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Dublin Dublin	State 0 H	Zip Code 43017	. / -	28/2019	Amount, \$50,00
Full Name of Contributor Régistration Number					er, if PAC
Jiamei Zhang					
Street Address 1140 Harrison Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) e/ectronic	
city CO/UMb US	State OH	Zip Code 43201	Date (MM/DI	Γ	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)]