



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Nicodemus for Trustee				
Full Name of Contributor Friends of Mack Quesenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave		Employer/Occupation/Labor Organization* Business Rep.		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 11/30/2019	Amount 200.00
Full Name of Contributor Karen Phipps for Judge			Registration Number, if PAC	
Street Address 545 E Town St		Employer/Occupation/Labor Organization* Judge		Form (Cash, Check, etc.) check redeposit
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/15/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

\*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)]