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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Melissa Anderson				
Full Name of Contributor Catherine Reuter			Registration Number, if PAC	
Street Address 1912 Borda Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Gardnerville	State NV	Zip Code 89410	Date (MM/DD/YYYY) 11/4/2019	Amount \$100.00
Full Name of Contributor Steward Gibboney			Registration Number, if PAC	
Street Address 3091 orders Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 11/5/2019	Amount \$25.00
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC	
Street Address 340 E. Fulton St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/24/2019	Amount \$250.00
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

*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)]

\$375.00