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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Full Name of Committee Friends of Ian Nickey Full Name of Contributor Street Address 2270 East BraddSt City State Zip Code Date (MM/DD/YYYY) Amount					
Full Name of Contributor				Registration Number, if PAC	
Jennifer McCloskey					
Street Address	Employer	/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
2210 East Brade St	<u> </u>		-		Check
City P /	Date (MIN)		,	Amount	
Bexley	O III	43209	10/2	4/2019	200.00
Full Name of Contributor	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
04.					
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Full Name of Contributor Registration Nur					I er, if PAC
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	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/D	D/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/D	D/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)]