



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF KIMBERLEY MASON				
Full Name of Contributor THE MATRIOTS-c/o Perfect Balance CPA			Registration Number, if PAC OH1761	
Street Address 2470 E MAIN ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City COLUMBUS	State OH	Zip Code 43209	Date (MM/DD/YYYY) 07/11/2019	Amount \$150.00
Full Name of Contributor JOSEPH MOTIL			Registration Number, if PAC	
Street Address 167 W COOKE RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/14/2019	Amount \$100.00
Full Name of Contributor PATSY ANN THOMAS			Registration Number, if PAC	
Street Address 5689 PLUM ORCHARD DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City COLUMBUS	State OH	Zip Code 43213	Date (MM/DD/YYYY) 09/22/2019	Amount \$50.00
Full Name of Contributor GARY WITTE			Registration Number, if PAC	
Street Address 180 N CHASE AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City COLUMBUS	State OH	Zip Code 43204	Date (MM/DD/YYYY) 09/14/2019	Amount \$50.00
Full Name of Contributor TTHE MATRIOTS-c/o Perfect Balance CPA			Registration Number, if PAC OH1761	
Street Address 2470 E MAIN ST		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City COLUMBUS	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/25/2019	Amount \$350.00

*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 \$700.00