



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Morgan				
Full Name of Contributor Catherine Morgan			Registration Number, if PAC	
Street Address 6700 W Garbow Rd		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) electronic
City Middletown	State MI	Zip Code 49333	Date (MM/DD/YYYY) 10/17/2019	Amount 95.70
Full Name of Contributor Ashley Saadey			Registration Number, if PAC	
Street Address 190 S High St		Employer/Occupation/Labor Organization* Rodier Law		Form (Cash, Check, etc.) electronic
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/17/2019	Amount 95.70
Full Name of Contributor Larae Schraeder			Registration Number, if PAC	
Street Address 3939 Henderson Road		Employer/Occupation/Labor Organization* Dean Foods		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/18/2019	Amount 100
Full Name of Contributor Dana Simon			Registration Number, if PAC	
Street Address 9287 Enchantment Dr.		Employer/Occupation/Labor Organization* Nationwide		Form (Cash, Check, etc.) electronic
City Alto	State MI	Zip Code 49302	Date (MM/DD/YYYY) 11/07/2019	Amount 95.70
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)]