



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Melissa Anderson					
Full Name of Contributor Registral				Registration Num	her if PAC
Melissa Wilde				regionali.	Det, ii FAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
151 Leasure Dr.					electronic
Pickerington	State O H	Zip Code 43/47	Date (MM/D	/	Amount #100.00
Full Name of Contributor		73/11	UUJU	OJOVI I	7100100
Mary Mynatt				Registration Numb	per, if PAC
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3076 Voeller Circle					electronic
City	State	Zip Code	Date (MM/D		Amount
Grove City	01+	43/23	08/1	13/2019	\$25,00
Full Name of Contributor Registration Numb					er, if PAC
Joseph Matessa					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1777 Inch cliff Rd.					electronic
Columbus	State //	Zip Code リスクフト	Date (MM/DI	4/2019	# 50.00
	,,	1 3001	00/1	7/0011	# JUIUU
Full Name of Contributor  Merisa Bowers  Registration Numb					er, if PAC
Street Address Employer/Occupation/Labor Organization* Fo					Form (Cash, Check, etc.)
363 Higley Ct.					electronic
City	State	Zip Code	Date (MM/DI	0/11/90	Amount
Gahanna	0#	43230	08/2	5/2019	\$15,00
Full Name of Contributor Registration Number					er, if PAC
Jennifer Feucht					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2231 Tucker Trail	<u> </u>				electronic
Lewis Center	State () H	Zip Code 43035	Date (MM/DI	05/2019	Amount # 50,00
			" // "		7 50 700

<sup>\*</sup>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)]