



Statement of Contributions Received

Form 31-A

ORC 3517.10

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|--|---|-------------------|---|--------------------|
| Full Name of Committee FRIENDS OF KIMBERLEY MASON | | | | |
| Full Name of Contributor Tiffany White | | | Registration Number, if PAC | |
| Street Address 1204 Woodnell Ave | Employer/Occupation/Labor Organization* Progressive | | Form (Cash, Check, etc.) Credit card | |
| City COLUMBUS | State OH | Zip Code 43219 | Date (MM/DD/YYYY) 10/18/2019 | Amount \$80.00 |
| Full Name of Contributor Leo Simpson | | | Registration Number, if PAC | |
| Street Address 910 Bocastle Ct B | Employer/Occupation/Labor Organization* Office Depot | | Form (Cash, Check, etc.) Credit card | |
| City Columbus | State OH | Zip Code 43214 | Date (MM/DD/YYYY) 10/20/2019 | Amount \$3.00 |
| Full Name of Contributor Martin Brown | | | Registration Number, if PAC | |
| Street Address 162 E 2nd Ave | Employer/Occupation/Labor Organization* Ohio Health | | Form (Cash, Check, etc.) Credit card | |
| City Columbus | State OH | Zip Code 43201 | Date (MM/DD/YYYY) 10/18/2019 | Amount \$25.00 |
| Full Name of Contributor NASW-OHIO PACE NATL ASSN OF SOCIAL WORKERS | | | Registration Number, if PAC OH254 | |
| Street Address 33 NORTH 3RD ST STE 530 | Employer/Occupation/Labor Organization* NASW | | Form (Cash, Check, etc.) CHECK | |
| City COLUMBUS | State OH | Zip Code 43215 | Date (MM/DD/YYYY) 10/29/19 | Amount \$200.00 |
| Full Name of Contributor Martin Brown | | | Registration Number, if PAC | |
| Street Address 162 E 2nd Ave | Employer/Occupation/Labor Organization* Ohio Health | | Form (Cash, Check, etc.) Credit card | |
| City Columbus | State OH | Zip Code 43201 | Date (MM/DD/YYYY) 11/18/2019 | Amount \$25.00 |

*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 \$333.00