



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Melissa Anderson				
Full Name of Contributor Judith Patton			Registration Number, if PAC	
Street Address 4346 Parkway Centre Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/08/2019	Amount \$35.00
Full Name of Contributor Rene Delane			Registration Number, if PAC	
Street Address 5317 Ainsley Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 09/08/2019	Amount \$25.00
Full Name of Contributor Richard B Neal Jr			Registration Number, if PAC	
Street Address 982 Jaeger St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus OH	State OH	Zip Code 43206	Date (MM/DD/YYYY) 09/11/2019	Amount \$250.00
Full Name of Contributor Mary Mynatt			Registration Number, if PAC	
Street Address 3076 Voeller Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/12/2019	Amount \$50.00
Full Name of Contributor Denise Bayer			Registration Number, if PAC	
Street Address 496 Greenmont Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Canfield	State OH	Zip Code 44406	Date (MM/DD/YYYY) 09/15/2019	Amount \$100.00

*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)]