



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jessica Saad				
Full Name of Contributor Allison Simons			Registration Number, if PAC	
Street Address 2760 Fair Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 11 05 19	Amount 25.00
Full Name of Contributor Stacy Puffenberger			Registration Number, if PAC	
Street Address 137 S Merkle Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 11 06 19	Amount 50.00
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
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
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)]