



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Stasi Trout					
Full Name of Contributor Jenesse F Nelson				Registration Number, if PAC	
Street Address 3624 Darbyshire Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/24/2019	Amount \$100.00	
Full Name of Contributor Sonya D'Silva				Registration Number, if PAC	
Street Address 3438 St Charles Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) pay pal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/24/2019	Amount \$48.25	
Full Name of Contributor Carolyn Dougherty				Registration Number, if PAC	
Street Address 4708 Raven Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) pay pal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/10/2019	Amount \$48.25	
Full Name of Contributor Steve Barrickman				Registration Number, if PAC	
Street Address 3777 Stonestrow Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) pay pal
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 08/30/2019	Amount \$38.54	
Full Name of Contributor Mark Rickel				Registration Number, if PAC	
Street Address 3748 Carnforth Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) pay pal
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/31/2019	Amount \$48.25	

\*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)]