



Statement of Contributions Received

Form 31-4

ORC 3517.11

Full Name of Committee FRIENDS OF JANE CERA					Registration Number, if PAC	
Full Name of Contributor TOM GROTE					Registration Number, if PAC	
Street Address 982 JALLER ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC	
City COLUMBUS	State OH	Zip Code 43206	Date (MM/DD/YYYY) 9/11/2019		Amount \$ 100.00	
Full Name of Contributor MARY B. RELOTTO					Registration Number, if PAC	
Street Address 394 ARDEN RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC	
City COLUMBUS	State OH	Zip Code 43214	Date (MM/DD/YYYY) 9/30/2019		Amount \$ 25.00	
Full Name of Contributor RACHEL TAYSE					Registration Number, if PAC	
Street Address 1224 E COOKE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ELECTRONIC	
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/14/2019		Amount \$ 50.00	
Full Name of Contributor JANEEN SANDS					Registration Number, if PAC	
Street Address 1285 E COOKE RD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/12/2019		Amount \$ 25.00	
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	

*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)]