



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Patricia Starling				
Full Name of Contributor Stephen Cicak			Registration Number, if PAC	
Street Address 6866 Roundelay Rd N	Employer/Occupation/Labor Organization* Auditor		Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 07/17/19	Amount 500.00
Full Name of Contributor Barth Cotner			Registration Number, if PAC	
Street Address 1862 Drugan Ct SW	Employer/Occupation/Labor Organization* Cotner Funeral Home		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 09/03/19	Amount 200.00
Full Name of Contributor Reynoldsburg Republican Club			Registration Number, if PAC	
Street Address 1675 Haft Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 09/05/19	Amount 500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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)]