



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jessica Saad				
Full Name of Contributor Elise D Berlan			Registration Number, if PAC	
Street Address 205 S. Cassingham		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10 15 19	Amount 100.00
Full Name of Contributor Jonathon Arenstein			Registration Number, if PAC	
Street Address 2473 Bexford Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 10 15 19	Amount 60.00
Full Name of Contributor Linda Sue Chastain			Registration Number, if PAC	
Street Address 19001 N Little John Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Muncie	State IN	Zip Code 47303	Date (MM/DD/YYYY) 09 19 19	Amount 50.00
Full Name of Contributor James A Saad			Registration Number, if PAC	
Street Address 2348 Sherwood Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 19 19	Amount 1,000.00
Full Name of Contributor John Stock			Registration Number, if PAC	
Street Address 5995 Innovation Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 09 19 19	Amount 500.00

*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)]