



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Melissa Anderson				
Full Name of Contributor Sharyn Anderson			Registration Number, if PAC	
Street Address 1474 Doncaster Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Youngstown	State OH	Zip Code 44511	Date (MM/DD/YYYY) 10/18/2019	Amount \$50.00
Full Name of Contributor Theresa Anderson			Registration Number, if PAC	
Street Address 6982 Willowood Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Cincinnati	State OH	Zip Code 45241	Date (MM/DD/YYYY) 10/25/2019	Amount \$50.00
Full Name of Contributor Lori Workmaster			Registration Number, if PAC	
Street Address 342 Twin Oaks Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Pittsburgh	State PA	Zip Code 15243	Date (MM/DD/YYYY) 10/26/2019	Amount \$50.00
Full Name of Contributor Kyle McCartney c/o Tyto Designs			Registration Number, if PAC	
Street Address 7570 N. Goodrich Sq		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/26/2019	Amount \$10.00
Full Name of Contributor Kelly Hill			Registration Number, if PAC	
Street Address 1443 London Groveport Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 10/26/2019	Amount \$5.00

*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)]

\$165.00