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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Sarah Ackman					
				Registration Number, if PAC	
Nancy Bucci					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
110 E. Kossuth St.					Check
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
Columbus	ОН	43206	7/2	20/2019	#1,000.00
Full Name of Contributor				Registration Number, if PAC	
Rick Adams					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
4046 Lee Circle					Paypail
City	State	Zip Code	Date (MM/DI	DVXXX)	Amount
Wheat Ridge	000	80033	08/10	2019	# 300
Full Name of Contributor				Registration Numb	er, if PAC
Street Address Employer/Occupation/Labor Organization*					
Street Address O Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3412 Smileys Corner					Cash
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Hilliard	ОН	43206	09/18	/19	#100.00
Full Name of Contributor				Registration Number, if PAC	
Dianne Ackman					;
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
949 S. Broadleigh					Pay pal
City J	State	Zip Code	Date (MM/DI	, .	Amount
Columbus	ОН	43209	08/	11/2019	\$ 100.00
Full Name of Contributor				Registration Number, if PAC	
Dianne Ackman				<u> </u>	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Street Address 949 S. Broadleigh City Columbus				<u> </u>	Pay poel
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43209	08/3	1/2019	\$ 100,00

^{*}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)]