



## **Statement of Contributions Received**

Form 31-4

ORC 3517 10

Full Name of Committee					
FRIENDS OF SETH KRAUT					
Full Name of Contributor Registration Number 1				er, if PAC	
MICHAEL FARLEY					
Street Address	Employe	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
508 HAYMORE AVE S					CHECK
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
WORTHINGTON	он 🔻	43085		11/26/2019	\$100.00
Full Name of Contributor	Registration Num				er, if PAC
DAVID MICHAEL					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2849 CANTERBURY LN					CHECK
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
COLUMBUS	ОН 🕶	43221		11/30/2019	\$25.00
Full Name of Contributor	Registration Number				er, if PAC
DAVID NORDSTORM					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
210 HARDY WAY					PAYPAL
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
WORTHINGTON	ОН 🔻	43085		12/04/2019	\$100.00
Full Name of Contributor	Contributor Registration Number				
BARBARA AVERY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
488 GREENGLADE AVE					CASH
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
WORTHINGTON	он 🔻	43085		12/01/2019	\$25.00
Full Name of Contributor Req				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
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\*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)]