



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends for Perry				
Full Name of Contributor Landon Erb			Registration Number, if PAC	
Street Address 205 E. Long Street, Apt. 215		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) website
City Columbus	State Ohio	Zip Code 43215	Date (MM/DD/YYYY) 08/06/2019	Amount \$20.00
Full Name of Contributor Contributions from form No. 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City		State	Zip Code	Date (MM/DD/YYYY)
City Columbus		State Ohio	Zip Code 43215	Date (MM/DD/YYYY) 08/16/2019
Full Name of Contributor Phillip Sarnowski		Registration Number, if PAC		
Street Address 661 W. Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State Ohio	Zip Code 43081	Date (MM/DD/YYYY) 08/17/2019	Amount \$100.00
Full Name of Contributor Ted Barrows			Registration Number, if PAC	
Street Address 4834 Sarasota Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) website
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 08/30/2019	Amount \$100.00
Full Name of Contributor Landon Erb			Registration Number, if PAC	
Street Address 205 E. Long Street, Apt. 215		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) website
City Columbus	State Ohio	Zip Code 43215	Date (MM/DD/YYYY) 09/05/2019	Amount \$20.00

*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)]