



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Kelly Needleman				
Full Name of Contributor Jennifer Rhoads			Registration Number, if PAC	
Street Address 6521 Hawthorne Street		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Online Contribution
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/23/2019	Amount \$ 50.00
Full Name of Contributor Rachel Myers			Registration Number, if PAC	
Street Address 8011 Golfview Court		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 10/24/2019	Amount \$ 150.00
Full Name of Contributor Stacy Fronczak			Registration Number, if PAC	
Street Address 7756 Wavetree Court		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Online Contribution
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 10/29/2019	Amount \$ 50.00
Full Name of Contributor Eydie Perry			Registration Number, if PAC	
Street Address 7748 Wavetree Court		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Online Contribution
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 10/30/2019	Amount \$ 150.00
Full Name of Contributor Zena Trout			Registration Number, if PAC	
Street Address 685 Bluffview Drive		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 11/04/2019	Amount \$ 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)]