



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee TiffanyWhite4thePeople				
Full Name of Contributor DL DIGGS			Registration Number, if PAC	
Street Address 1312 LINWOOD AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43206	Date (MM/DD/YYYY) 10/15/2019	Amount \$100.00
Full Name of Contributor DELANA GOUCH			Registration Number, if PAC	
Street Address BOSHWICK ROAD		Employer/Occupation/Labor Organization* NURSE		Form (Cash, Check, etc.) CASH
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43227	Date (MM/DD/YYYY) 10/17/2019	Amount \$100.00
Full Name of Contributor TARA TUCKER			Registration Number, if PAC	
Street Address 3768 BEACONTREE DRIVE		Employer/Occupation/Labor Organization* PERFORMANCE IMPROVEMENT		Form (Cash, Check, etc.) CHARGE
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43224	Date (MM/DD/YYYY) 10/31/2019	Amount \$25.00
Full Name of Contributor KATHLEEN GMEINER			Registration Number, if PAC	
Street Address 2343 HARDESTY CT		Employer/Occupation/Labor Organization* ADVOCATE /SELF EMPLOYED		Form (Cash, Check, etc.) CHARGE
City COLUMBUS	State <input type="checkbox"/>	Zip Code 43204	Date (MM/DD/YYYY) 10/31/2019	Amount \$25.00
Full Name of Contributor ROGER DOYLE			Registration Number, if PAC	
Street Address 360 CHITTENDEN AVE		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHARGE
City COLUMBUS	State OH <input type="checkbox"/>	Zip Code 43201	Date (MM/DD/YYYY) 10/17/2019	Amount \$50.00

*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)]