



Statement of Contributions Received

Page 4

Form 31-A

ORC 3517.10

Full Name of Committee Friends For Perry					Registration Number, if PAC	
Full Name of Contributor Dan Reed					Registration Number, if PAC	
Street Address 4699 Heather Ridge Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 09/16/2019		Amount \$15.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio					Registration Number, if PAC LA 1269	
Street Address 6805 Oak Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State Ohio	Zip Code 43229	Date (MM/DD/YYYY) 10/07/2019		Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	

*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)]

Page Total \$265.00