



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Vashitta Johnson				
Full Name of Contributor Timothy Liggitts			Registration Number, if PAC	
Street Address 2795 marbella pl		Employer/Occupation/Labor Organization* Theologian		Form (Cash, Check, etc.) Online-card
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 05/17/2019	Amount \$35.00
Full Name of Contributor Joel Foster			Registration Number, if PAC	
Street Address Hwy apt 902 5990 Richmond		Employer/Occupation/Labor Organization* Owner-Business		Form (Cash, Check, etc.) Online-card
City Alexandria	State VA	Zip Code 22303	Date (MM/DD/YYYY) 05/17/2019	Amount \$35.00
Full Name of Contributor Regan Lopez De Victoria			Registration Number, if PAC	
Street Address 205 Central ave		Employer/Occupation/Labor Organization* Home maker		Form (Cash, Check, etc.) Online-Card
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 05/19/2019	Amount \$25.00
Full Name of Contributor Lisa Carmona			Registration Number, if PAC	
Street Address 6241 Commonwealth		Employer/Occupation/Labor Organization* President-Zaner-Bloser		Form (Cash, Check, etc.) Online-Card
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 05/22/2019	Amount \$35.00
Full Name of Contributor Alana Jochum			Registration Number, if PAC	
Street Address 2031 West 45th St		Employer/Occupation/Labor Organization* V3 President Executive Director		Form (Cash, Check, etc.) Online-card
City Cleveland	State OH	Zip Code 44102	Date (MM/DD/YYYY) 05/26/2019	Amount \$35.00

*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)]