



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jan Mickey				
Full Name of Contributor Huntington Bank			Registration Number, if PAC	
Street Address 17. S. High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Service fee refund
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07/19/2019	Amount 21.00
Full Name of Contributor Milton Baughman			Registration Number, if PAC	
Street Address 321 E. Sycamore St.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 08/29/2019	Amount 150.00
Full Name of Contributor Anne Griffin			Registration Number, if PAC	
Street Address 98 Preston Rd		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/05/2019	Amount 200.00
Full Name of Contributor Gretchen Feldman			Registration Number, if PAC	
Street Address 127 S. Remington Rd.		Employer/Occupation/Labor Organization* OPERS		Form (Cash, Check, etc.) check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/07/2019	Amount 50.00
Full Name of Contributor Michelle Mheo			Registration Number, if PAC	
Street Address 783 Cassingham Rd		Employer/Occupation/Labor Organization* Prentke Romich Company		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/07/2019	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)]