



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends for Perry				
Full Name of Contributor Barbara A. Marshall			Registration Number, if PAC	
Street Address 3743 Scioto Run Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 06/14/2019	Amount \$50.00
Full Name of Contributor Dave Pelletier			Registration Number, if PAC	
Street Address 4660 Crystal Ball Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Electronic
City Hilliard	State Ohio	Zip Code 43026	Date (MM/DD/YYYY) 06/15/2019	Amount \$20.00
Full Name of Contributor Kyle Upchurch			Registration Number, if PAC	
Street Address 1241 Conner Ridge St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Electronic
City Blacklick	State Ohio	Zip Code 43004	Date (MM/DD/YYYY) 06/17/2019	Amount \$10.00
Full Name of Contributor Landon Erb			Registration Number, if PAC	
Street Address 295 E. Long Street, Apt. 215		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Electronic
City Columbus	State Ohio	Zip Code 43215	Date (MM/DD/YYYY) 06/24/2019	Amount \$20.00
Full Name of Contributor Contributions from form No. 31-E			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY) 07/12/2019	Amount \$45.00

*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)]