



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRIENDS OF JANE CERA				
Full Name of Contributor AMERICA WORKS STATE & LOCAL PAC			Registration Number, if PAC C00690073	
Street Address 918 PENNSYLVANIA AVE		Employer/Occupation/Labor Organization* PAC		Form (Cash, Check, etc.) CHECK 1081
City WASHINGTON	State DC	Zip Code 20003	Date (MM/DD/YYYY) 10/28/19	Amount 250. ⁰⁰
Full Name of Contributor CINDY DUNIGAN			Registration Number, if PAC	
Street Address 3069 NORWOOD ST		Employer/Occupation/Labor Organization* SELF - REALTOR		Form (Cash, Check, etc.) ELECTRONIC
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/29/19	Amount 100. ⁰⁰
Full Name of Contributor LEE EVANS			Registration Number, if PAC	
Street Address 1654 E BRIGHTON RD		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) ELECTRONIC
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/31/19	Amount 25. ⁰⁰
Full Name of Contributor LORI KENDALL			Registration Number, if PAC	
Street Address 1350 E COOKE RD		Employer/Occupation/Labor Organization* SELF DIT ADVISORS		Form (Cash, Check, etc.) ELECTRONIC
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/28/19	Amount 25. ⁰⁰
Full Name of Contributor DONNA ADASXO			Registration Number, if PAC	
Street Address 1310 E COOKE RD		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK 1232
City COLUMBUS	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/29/19	Amount 100. 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)]