



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee FRIENDS OF KIMBERLEY MASON				
Full Name of Contributor Amanda Butler			Registration Number, if PAC	
Street Address 512 E Jenkins Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City COLUMBUS	State OH	Zip Code 43207	Date (MM/DD/YYYY) 08/28/2019	Amount \$40.00
Full Name of Contributor Tiffany White			Registration Number, if PAC	
Street Address 1204 Woodnell Ave		Employer/Occupation/Labor Organization* Progressive		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08/28/2019	Amount \$20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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)]