



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Jessica Saad				
Full Name of Contributor Heidi Solar			Registration Number, if PAC	
Street Address 2709 Bexley Park		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 06 19	Amount 10.00
Full Name of Contributor Julie Seck			Registration Number, if PAC	
Street Address 216 S Drexel Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 06 19	Amount 20.00
Full Name of Contributor Abby Braun			Registration Number, if PAC	
Street Address 145 S Ardmore Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 06 19	Amount 10.00
Full Name of Contributor Allison Simons			Registration Number, if PAC	
Street Address 2760 Fair Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 05 19	Amount 290.00
Full Name of Contributor Elizabeth Olsen			Registration Number, if PAC	
Street Address 2600 Fair Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) electronic transfer
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09 04 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)]