



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Vashitta Johnson				
Full Name of Contributor Saira Rao			Registration Number, if PAC	
Street Address 230 Gaylord St		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) Online - Card
City Denver	State CO <input type="checkbox"/>	Zip Code 80206	Date (MM/DD/YYYY) 07/22/2019	Amount \$5.00
Full Name of Contributor Anthony Caldwell			Registration Number, if PAC	
Street Address 512 Maple Valley Dr		Employer/Occupation/Labor Organization* Union worker		Form (Cash, Check, etc.) Online - Card
City Columbus	State OH <input type="checkbox"/>	Zip Code 43228	Date (MM/DD/YYYY) 08/07/2019	Amount \$50.00
Full Name of Contributor Mindy Hall			Registration Number, if PAC	
Street Address 341 Seminole Ave		Employer/Occupation/Labor Organization* Retired Teacher		Form (Cash, Check, etc.) Online - Card
City Westerville, OH	State OH <input type="checkbox"/>	Zip Code 43081	Date (MM/DD/YYYY) 08/07/2019	Amount \$20.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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)]