



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|   |             |   |                                 |                                   |
|---|-------------|---|---------------------------------|-----------------------------------|
| <b>Full Name of Committee</b><br>Friends of Doug Snyder |             |   |                                 |                                   |
| Full Name of Contributor<br>Laurie J Amick              |             |   | Registration Number, if PAC     |                                   |
| Street Address<br>7596 Jenkins Dr                       |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)<br>check |
| City<br>Canal Winchester                                | State<br>OH | Zip Code<br>43110                       | Date (MM/DD/YYYY)<br>10/20/2019 | Amount<br>100.00                  |
| Full Name of Contributor                                |             |   | Registration Number, if PAC     |                                   |
| Street Address  |             | Employer/Occupation/Labor Organization* |                                 | Form (Cash, Check, etc.)          |
| City  | State       | 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       | 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       | 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       | 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)]