

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

| Full Name of Committee   |                |                                       |  |                                      |  |
|--|----------------|---------------------------------------|--|--------------------------------------|--|
| Friends of Michael Hrancich  |                |                                       |  |                                      |  |
| Full Name of Contributor   |                |                                       |  | Registration Numb                    | er, if PAC   |
| Michael Honeich  | <u> </u>       |                                       |  |                                      |  |
| Street Address Employer/Occupation/Labor Organization*   |                |                                       |  | Form (Cash, Check, etc.)             |  |
| 775 Gulf Stream Ct.  |                |                                       |  |                                      | Check  |
| City   | State          | Zip Code                              | Date (MM/DI  |                                      | Amount   |
| Gahanna  | CH -           | 43230                                 | 67 <i>(</i> C                                      | 12/2019                              | #35,00   |
| Full Name of Contributor   |                |                                       |  | Registration Numb                    | er, if PAC   |
| BOD POTT   |                |                                       |  |                                      |  |
| Street Address Employer/Occupation/Labor Organization*   |                |                                       |  |                                      | Form (Cash, Check, etc.)   |
| 535 Marcum Road  | <u> </u>       |                                       |  |                                      | Cosh   |
| City D1 1412 14  | State          | Zip Code                              | Date (MM/DI  |                                      | Amount   |
| Blocklick  | OHI            | 43004                                 | 0111   | 2/2014                               | #20,00   |
| Full Name of Contributor   |                |                                       |  | Registration Numb                    | er, if PAC   |
| Bob Vean   |                |                                       |  |                                      |  |
| Street Address H49 Allanby Court Employer/Occupation/Labor Organization*   |                |                                       |  |                                      |  |
|  | Employer.      | /Occupation/Labor Or                  | ganization*  |                                      | Form (Cash, Check, etc.)   |
| 449 Allanby Court  | Employer       | /Occupation/Labor Or                  | Date (MM/DI  |                                      | ACH<br>Amount  |
| 449 Allowby Court  | -              |                                       | Date (MM/DI  | 0/2019                               | ACH  |
| 449 Allanby Court  | -              |                                       | Date (MM/DI  |                                      | ACH Amount \$50.00   |
| 449 Allowby Court  | -              |                                       | Date (MM/DI  | 612019                               | ACH Amount \$50.00   |
| City Cahanna Full Name of Contributor  Nick Horcich  Street Address  | State OH -     |                                       | Date (MM/DI  | 612019                               | ACH Amount \$50.00   |
| H49 Allanby Court  City  Gahanna  Full Name of Contributor  Wick Horcich   | State OH -     | Zip Code<br>+3230                     | Date (MM/DI  | 612019                               | ACH Amount #50.00 er, if PAC   |
| HH9 Allanby Court  City  Garanna  Full Name of Contributor  Wick Horcich  Street Address  85 East Currega Rive  City   | State OH -     | Zip Code<br>+3230                     | Date (MM/DI  | 6/2019<br>Registration Number        | ACH Amount #550.00  er, if PAC  Form (Cash, Check, etc.) ACH Amount                    |
| HH9 Allanby Court  City  Gahanna  Full Name of Contributor  Mick Horcich  Street Address  85 East Currega Prince  City  City  Cl. 11:11  | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Di  | 6/2019<br>Registration Number        | ACH Amount #550.00 er, if PAC  Form (Cash, Check, etc.) ACH                            |
| HH9 Allanby Court  City  Gahanna  Full Name of Contributor  Mick Horcich  Street Address  85 East Currega Prince  City  City  Cl. 11:11  | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Di  | Registration Number                  | ACH Amount #50.00  Form (Cash, Check, etc.) ACH Amount #50.00                          |
| HH9 Allanby Court  City  Gahanna  Full Name of Contributor  Mick Horcich  Street Address  85 East Currega Prince  City  City  Cl. 11:11  | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Di  | 6/2019  Registration Number  D/YYYY) | ACH Amount #50.00  Form (Cash, Check, etc.) ACH Amount #50.00                          |
| HH9 Allanby Court  City  Gahanna  Full Name of Contributor  Mick Horcich  Street Address  85 East Currega Prince  City  City  Cl. 11:11  | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Di  | 6/2019  Registration Number  D/YYYY) | ACH Amount #50.00  Form (Cash, Check, etc.) ACH Amount #50.00                          |
| HH9 Allanby Court  City  Gahanna  Full Name of Contributor  Mick Horcich  Street Address  85 East Currega Prince  City  City  Cl. 11:11  | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Di  | 6/2019  Registration Number  D/YYYY) | ACH Amount #50.00  er, if PAC  Form (Cash, Check, etc.) ACH  Amount #50.00  er, if PAC |
| HH9 Allanby Court  City  Garanna  Full Name of Contributor  Mick Horcich  Street Address  85 Foot Currega Prince  City  Shownee Hills  Full Name of Contributor  Ann Marie Horce | State Employer | Zip Code  +3230  /Occupation/Labor On | Date (MM/Diagramization*  Date (MM/Diagramization* | Registration Number                  | ACH Amount #550.00 er, if PAC  Form (Cash, Check, etc.) Amount #50.00 er, if PAC       |

<sup>\*</sup>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)]