

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

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Full Name of Committee  Friends of Troy	Mar	Ichan			
Full Name of Contributor	Registrati			Registration Num	ber, if PAC
Street Address 340 5. Rosseve H	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City Bexler	State	Zip Code	Date (MM/DD		Amount 500
Full Name of Contributor  K + W Watts				Registration Num	ber, if PAC
Street Address 152 Rolman Rd	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Vorto K	State	Zip Code 23503	Date (MM/DI	7-19	Amount /00 50
Full Name of Contributor Linden Skohds				Registration Nun	
Street Address  36 Ashborne Rd	Employe	r/Occupation/Labor O		Form (Cash, Check, etc.)	
City Bexley	State OH	Zip Code 43209	Date (MM/D	3/19	300.00
Full Name of Contributor				Registration Nur	
Street Address 190 5. Stanwood	Employe	er/Occupation/Labor C		Form (Cash, Check, etc.)	
City Benley	State	Zip Code	08/1	/ .	Amount 75,00
Full Name of Contributor Sales	Registration N				
Street Address 104 N. Rennyton 13	Employ	er/Occupation/Labor (		Form (Cash, Check, etc.)	
City Bexler	State	Zip Code 43209	Date (MM/I	5/19	25, 56

\*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)]