



**Statement of Contributions Received** 

Form 31-A

ORC 3517.10

## Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

Full Name of Committee					
Friends of Ian MYKEL					
Full Name of Contributor				Registration Number, if PAC	
Holer & Craig Ezell					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
383 Parker Dr					Check TOIT
City	State Zip Code Date (MM/DE				Amount
Pittsburgh	OH47	15216	8 1 -	03-2017	\$100.0
Full Name of Contributor Registration I					per, if PAC
Citizens for DALEY					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
852 Highview Dr					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43235	11-3-	7/05	\$ 250°°
Full Name of Contributor Registration				Registration Num!	per, if PAC
Ton Maso					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Street Address  325 Medick wor					Cash
	State				Amount
Workland for	он	5015	ローニウ	-2017	350.22
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization				(Gasii, Gilosi, Gio.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	ОН				
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) Ar		Amount
	он				
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Page Total

<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)]