

## Statement of Contributions Received

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov dement of Continuations Received

ORC 3517.10

| Full Name of Committee                |          |   |                         | -                 |                            |  |
|---------------------------------------|----------|---|-------------------------|-------------------|----------------------------|--|
| Friends of Ian                        | M        | ekel                                    |                         |                   |                            |  |
| Full Name of Contributor              |          | Registration Numb                       | stration Number, if PAC |                   |                            |  |
| Ian Mykel                             |          |   |                         |                   |                            |  |
| Street Address                        | Employer | Occupation/Labor Or                     | ganization*             |                   | Form (Cash, Check, etc.)   |  |
| 325 medick way                        | ]        |   |                         |                   |                            |  |
| City                                  | State    | Zip Code                                | Date (MM/DI             | D/YYYY)           | Amount                     |  |
| worthhyton                            | ОН       | 43087                                   | 10.00                   | -2017             | 200,00                     |  |
| Full Name of Contributor              | Registr  |   |                         | Registration Numb | er, if PAC                 |  |
| Ian Mykrel                            |          |   |                         |                   |                            |  |
| Street Address                        | Employer | Occupation/Labor Or                     | ganization*             |                   | Form (Cash, Check, etc.)   |  |
| 325 medick way                        |          |   |                         |                   |                            |  |
| City                                  | State    | Zip Code                                | Date (MM/DI             |                   | Amount                     |  |
| 325 medick way<br>City<br>Worthington | ОН       | 43085                                   | 10-0                    | 1-2017            | 500,00                     |  |
| Full Name of Contributor              |          |   |                         | Registration Numb | er, if PAC                 |  |
|                                       |          |   |                         |                   |                            |  |
| Street Address                        | Employer | /Occupation/Labor Or                    | ganization*             |                   | Form (Cash, Check, etc.)   |  |
|                                       | <u> </u> | T                                       |                         |                   |                            |  |
| City                                  | State    | Zip Code                                | Date (MM/DI             | D/YYYY)           | Amount                     |  |
|                                       | ОН       |   |                         |                   |                            |  |
| Full Name of Contributor              |          |   | Registration Numb       |                   | er, if PAC                 |  |
|                                       |          |   |                         |                   |                            |  |
| Street Address                        | Employer | Occupation/Labor Or                     | ganization*             |                   | Form (Cash, Check, etc.)   |  |
|                                       |          |   |                         |                   |                            |  |
| City                                  | State    | Zip Code                                | Date (MM/D)             | D/YYY)            | Amount                     |  |
|                                       | ОН       | į                                       |                         |                   |                            |  |
| Full Name of Contributor              |          |   |                         | Registration Numb | egistration Number, if PAC |  |
| •                                     |          |   |                         | ,                 |                            |  |
| Street Address                        | Employer | Employer/Occupation/Labor Organization* |                         |                   | Form (Cash, Check, etc.)   |  |
|                                       | _        |   |                         |                   |                            |  |
| City                                  | State    | Zip Code                                | Date (MM/DD/YYYY)       |                   | Amount                     |  |
|                                       | он       |   | 1                       |                   |                            |  |
|                                       | <u> </u> |   | <u> </u>                |                   | <u></u>                    |  |

\*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)]

| Page Total 700,5  |  |
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