



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee	,					
Friends of Ian Nic	key			. <u> </u>		
Full Name of Contributor	**************************************			Registration Nu	mber, if PAC	
Brian Hicks						
Street Address	Employer	Occupation/Labor	Organization*		Form (Cash, Check, etc.)	
Street Address 21 East State Street, Saite 2200	Hicks Partnes				cleck	
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount	
(olumbus	OH -	43215	09/30	2019	500.00	
Full Name of Contributor				Registration Nu	ımber, if PAC	
Elizabeth Weeden						
Street Address	Employer	/Occupation/Labor		Form (Cash, Check, etc.)		
Street Address 62 S. Danson Ave	F	Penz 3 Morris			Check	
City	State		Date (MM/DI		Amount	
Bexley	04	43209	10/09	12019	100.00	
Full Name of Contributor	Registration N				umber, if PAC	
			:			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount		
Full Name of Contributor				Registration N	umber, if PAC	
3. 13.10 3. 33.10.33.						
Street Address	Employer/Occupation/Labor Organization*			<u></u>	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
				·		
Full Name of Contributor		<u> </u>		Registration N	umber, if PAC	
Street Address	Employer/Occupation/Labor Organization*			<u>L</u>	Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	DMYYY)	Amount	
	<b>-</b>					
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\*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	600	00
	<u>600.</u>	