



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Friends of Troy 2019 Nov 12 2019 Nov 12 10:55				
Full Name of Contributor			Registration Number, if PAC	
Ron Hagar				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
5003 Birch Grove Dr.				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Groveport	OH	43125	06/14/19	100.00
Full Name of Contributor			Registration Number, if PAC	
Stephen Keyes				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
206 N. Drexel Ave.				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Bexley	OH	43209	06/15/19	100.00
Full Name of Contributor			Registration Number, if PAC	
Jack Luckes				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
150 E. Broad St.				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43215	06/19/19	100.00
Full Name of Contributor			Registration Number, if PAC	
Ronald Robins				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
160 S. Merkle				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Bexley	OH	43209	06/19/19	200.00
Full Name of Contributor			Registration Number, if PAC	
Jason Ramsey				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
361 S. Roosevelt				Check
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Bexley	OH	43209	06/18/19	75.00

*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 \$575.00