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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Michael Honcich					
				Registration Numb	er, if PAC
Dennis Acosta	_				
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
6644 Westbury Drive					ACH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Dublin	OH	43016	08/0	5/2019	#50,00
Full Name of Contributor	* *****			Registration Numb	er, if PAC
Maureen Breanic					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1219 Rowder Hill Road					ACH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
West Bradford	PA -	19320	0810	512019	#50,00
Full Name of Contributor Registration Nu				Registration Numb	er, if PAC
Bob Dean					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
449 Allowby Court					ACH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Gahanna	04-	43230	OBIC	5/2019	#300,000
Full Name of Contributor Re				Registration Numb	er, if PAC
Temi Rials					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
759 Galf Straum Ct.					ACH
	_1				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Cahanna	State State	Zip Code 4323	· .	5/2019	Amount 供()○.○○
Gahanna Full Name of Contributor	CH-	43230	· .		#100.00
Gahanna Full Name of Contributor	CH-	43230	· .	5/2019	#100.00
Gahanna Full Name of Contributor	CH-	43230	Salo	5/2019	#100.00
Gahanna Full Name of Contributor	CH-	43230	Salo	5/2019	表 100 .00
Gahanna Full Name of Contributor ESKindles Almed	CH-	43230	Salo	5/2019 Registration Numb	表 100 .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)]