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## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Michael Honcich						
Full Name of Contributor				Registration Number, if PAC		
Thomas Ohmer						
Street Address					Form (Cash, Check, etc.)	
500 Bower brook Vrive		ACH				
Gahanna	State	Zip Code 43230	Date (MM/DD/YYYY)  OP/12/2019		Amount 传25,00	
Full Name of Contributor Melissa Sull				Registration Number	er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1070 Brookhouse Loune					ACH	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Gahanna	OH	43230	09/12	2/2019	\$50,00	
Full Name of Contributor Registration Number, if PAC						
Total Contributions from From no. 31-E						
Street Address 441 Lily Panal Court	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Cahanna	OH	43130	09/112/2019		#795.00	
Full Name of Contributor  Bob Dean				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
149 Allanby Court					ACH	
City	State	Zip Code	Date (MM/DI		Amount	
Gehanna	04	43230	091	16/2019	#150,00	
Il Name of Contributor				Registration Number	er, if PAC	
Will Honcich						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
341 Oak Goove Avenue ACH						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Dallos	TX	75204	09/16/2019		\$54.00	

<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)]