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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Friends of Michael Hroncich					
			Registration Number	er, if PAC	
Paige Vyos					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
765 Galf Stream Ct.					ACH
City	State Zip Code Date (MM/DD			D/YYY)	Amount
Gehanna	OHT	43230	09/	17/2019	#50,000
Full Name of Contributor				Registration Number	er, if PAC
Tommie Rodal					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1075 Arcaro Court					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Gaharma	04-	43230	09/1	8/2019	\$100,00
Full Name of Contributor				Registration Numb	er, if PAC
Levi Smith					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
8321 Yama Drive					Cosh
City	State	State Zip Code Date (MM/DD/YYYY)			Amount
bowell	SH I	43065	09/19	912019	#25,000
Full Name of Contributor	1			Registration Number, if PAC	
Steven Bosker					
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2707 Roches Drive					HCH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Powell	04-	43065	091	20/2019	#100,00
Full Name of Contributor Registration				Registration Numb	er, if PAC
David Holt					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Street Address 763 Line Way City Cahanna					ACH
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Cahana	04-	43230	180	19/2019	\$50.00

Page Total <u>\$325,000</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)]