



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Michael Hroneich				
Full Name of Contributor Chris Hampton			Registration Number, if PAC	
Street Address 286 Moull Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 07/20/2019	Amount \$50.00
Full Name of Contributor Will Hroneich			Registration Number, if PAC	
Street Address 341 Oak Grove Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ACH
City Dallas	State TX	Zip Code 75204	Date (MM/DD/YYYY) 07/22/2019	Amount 52.10 \$50.00
Full Name of Contributor Merisa Bowers			Registration Number, if PAC	
Street Address 363 Higley Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ACH
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 07/22/2019	Amount \$100.00
Full Name of Contributor Russ Balthis			Registration Number, if PAC	
Street Address 2316 Riverfront Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ACH
City Cuyahoga Falls	State OH	Zip Code 44221	Date (MM/DD/YYYY) 07/23/2019	Amount \$50.00
Full Name of Contributor Thys Visser			Registration Number, if PAC	
Street Address 132 Executive Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 07/25/2019	Amount 50.00

*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)]