



Statement of Contributions Received

Form 31-A

ORC 3517.10

F. II No. 11 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Full Name of Committee Friends of Flower					
Full Name of Contributor Registration				Registration Number	er, if PAC
John Fockler					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
188 Stadium Dr #6					Anedot
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Boardman	он	44512	01/14/2019		\$10.00
Full Name of Contributor Registration Number					er, if PAC
Patrick Glasgow					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
21100 Schenck Creek Road					Anedot
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Howard	он	43028	01/14/2019		\$20.00
Full Name of Contributor	f Contributor Registration Numbe				er, if PAC
Taylor Hoffman					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
3546 Ohio 98					Anedot
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Marion	ОН	43302	01/14/2019		\$25.00
Full Name of Contributor Registration Number					er, if PAC
Elizabeth Thomas					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
746 Quinby Avenue					Anedot
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Wooster	ОН	44691		01/14/2019	\$10.00
Full Name of Contributor	Registration Number				er, if PAC
Michael Sweeney					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
343 Heil Drive					Anedot
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	он	43230	01/14/2019		\$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)]