



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Barton Hacker				
Full Name of Contributor Robert Heise			Registration Number, if PAC	
Street Address 8591 Flamingo Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Chanhassen	State MN <input type="checkbox"/>	Zip Code 55317	Date (MM/DD/YYYY) 08/13/2019	Amount 50.00
Full Name of Contributor Joseph Wolfrum			Registration Number, if PAC	
Street Address 2326 Woodland Hall Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Powell	State OH <input type="checkbox"/>	Zip Code 43065	Date (MM/DD/YYYY) 08/15/2019	Amount 500.00
Full Name of Contributor Ronald Mason			Registration Number, if PAC	
Street Address 549 Turquoise Beach Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Santa Rosa Beach	State FL <input type="checkbox"/>	Zip Code 32459	Date (MM/DD/YYYY) 08/15/2019	Amount 300.00
Full Name of Contributor Jeffrey Asman			Registration Number, if PAC	
Street Address 6969 Industrial Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Plain City	State OH <input type="checkbox"/>	Zip Code 43064	Date (MM/DD/YYYY) 08/16/2019	Amount 250.00
Full Name of Contributor Michael McCullen			Registration Number, if PAC	
Street Address 13835 Perfect Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Sunbury	State OH <input type="checkbox"/>	Zip Code 43074	Date (MM/DD/YYYY) 08/21/2019	Amount 250.00

*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)]