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Statement of Contributions Received

Form 31.A

ORC 3517.10

Full Name of Committee Friends of Michael Hancich					
Full Name of Contributor Registration Numb Fuelge				er, If PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
	State 7:0 Code 5 : (AMA/DD0000)				ACH
Columbus	State	Zip Code Date (MM/DD/YYYY) 12/02/2019			#50,00
					, ,
Full Name of Contributor	Registration Numb				er, if PAC
Michael Sweene					1- (0)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
343 Heil Avenue					ACH
City	State Zip Code Date (MM/DD/YYYY)		12/2019	Amount かこれ	
Gahanva	OH 3	43230	1018		·
Full Name of Contributor Registration Number, if PAC					
Christopher Brown					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
693 Mondrose Avanue					ACH
City	State				Amount
bextey	045	43209	1210	X/801/	#5000
Full Name of Contributor Registration Numb					er, if PAC
Stonewall Democrats					
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
340 East Fulton Steet					Chock
City	State	Zip Code	Date (MM/DI		Amount
Columbus	OH	43215	10/3	5/2019	我100,00
Full Name of Contributor	me of Contributor Registration Numb				er, if PAC
Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount

^{*}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)]