



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee						
Friends of Michael Horrich						
				Registration Numb	Registration Number, if PAC	
Farcel Funk						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
101 Star Avenue					Chock	
City		Zip Code	Date (MM/D		Amount	
Columbus	Off [	43201	08/19	12019	#25,00	
Full Name of Contributor		2		Registration Numb	er, if PAC	
Nick Hroncich						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
85 East Cuyuga Vive					Check	
City	State	Zip Code	Date (MM/D	· ·	Amount	
Showner Hills	CH -	43065	08/19	1/2019	每50,00	
Full Name of Contributor Registration Number					er, if PAC	
Harford Anhwere						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1625 Harvester Lanc					Check	
City	: 1				Amount	
Columbus	OH I	OH [ 43229   OBID2/2019			#50.00	
				Registration Number, if PAC		
Roland Hess						
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
400 Surset Court					Cosh	
City	State	Zip Code	Date (MM/D		Amount	
South Charleston	10th [-]	43125	08/31	12019	\$50,00	
Full Name of Contributor	Registr				er, if PAC	
William Masshall						
					Form (Cash, Check, etc.)	
5738 Little Rod Rover St.					Check	
City	1	Zip Code	Date (MM/D	·	Amount	
Groveport	OH -	OH 1 43125 08/31/2019		112014	#25,00	

<sup>\*</sup>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)]