



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Barton Hacker				
Full Name of Contributor Thad Claggett			Registration Number, if PAC	
Street Address 3396 Sharon Valley Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Newark	State OH <input type="checkbox"/>	Zip Code 43055	Date (MM/DD/YYYY) 08/29/2019	Amount 100.00
Full Name of Contributor Terry McGill			Registration Number, if PAC	
Street Address 40 East Wyandotte 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) 08/30/2019	Amount 100.00
Full Name of Contributor Doug Niekamp			Registration Number, if PAC	
Street Address 1295 Wallaby Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Beavercreek	State OH <input type="checkbox"/>	Zip Code 45432	Date (MM/DD/YYYY) 09/04/2019	Amount 250.00
Full Name of Contributor Carla Kugler			Registration Number, if PAC	
Street Address 2821 Broadway Blvd. NE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Albuquerque	State NM <input type="checkbox"/>	Zip Code 87107	Date (MM/DD/YYYY) 09/18/2019	Amount 250.00
Full Name of Contributor Tracey Littlefield			Registration Number, if PAC	
Street Address 9312 Sydney Marilyn Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Austin	State TX <input type="checkbox"/>	Zip Code 78748	Date (MM/DD/YYYY) 09/18/2019	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)]