



Statement of Contributions Received

Form 31-A
ORC 3517.10

| | | | | |
|--|-------------|--|---------------------------------|------------------------------------|
| Full Name of Committee Friends of Flower | | | | |
| Full Name of Contributor John Fockler | | | Registration Number, if PAC | |
| Street Address 188 Stadium Drive #6 | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Anedot |
| City Boardman | State OH | Zip Code 44512 | Date (MM/DD/YYYY) 10/03/2019 | Amount \$10.00 |
| Full Name of Contributor Michael Heise | | | Registration Number, if PAC | |
| Street Address 450 Forrest Ave, Apt. J206 | | Employer/Occupation/Labor Organization* Student | | Form (Cash, Check, etc.) Anedot |
| City Norristown | State PA | Zip Code 19401 | Date (MM/DD/YYYY) 10/08/2019 | Amount \$250.00 |
| Full Name of Contributor Daniel Hayes | | | Registration Number, if PAC | |
| Street Address 405 Bengal Road | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Anedot |
| City River Ridge | State LA | Zip Code 70123 | Date (MM/DD/YYYY) 10/13/2019 | Amount \$100.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) |
| City | State | Zip Code | Date (MM/DD/YYYY) | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | | 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)]