



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Doug Snyder				
Full Name of Contributor Leslie J Fox			Registration Number, if PAC	
Street Address 1331 Spring Brook Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 10/06/2019	Amount 100.00
Full Name of Contributor Heather N Tolles			Registration Number, if PAC	
Street Address 7470 Creek Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 10/07/2019	Amount 25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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)]