



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Barton Hacker				
Full Name of Contributor Indiana Merit Construction PAC of ABC			Registration Number, if PAC FN-1194	
Street Address 5001 North Shadeland Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Indianapolis	State IN	Zip Code 46226	Date (MM/DD/YYYY) 08/21/2019	Amount 750.00
Full Name of Contributor Empire State ABC Political Action Committee			Registration Number, if PAC A01112	
Street Address 6369 Collamer Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City East Syracuse	State NY	Zip Code 13057	Date (MM/DD/YYYY) 09/19/2019	Amount 750.00
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
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)]