



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Michael Hanreich				
Full Name of Contributor John Nemerzut			Registration Number, if PAC	
Street Address 7717 Orange Station Loop		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ACH
City Lewis Center	State OH <input type="checkbox"/>	Zip Code 43035	Date (MM/DD/YYYY) 07/25/2019	Amount \$50.00
Full Name of Contributor Fuan Gunnell			Registration Number, if PAC	
Street Address 1291 North 6th Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) ACH
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Date (MM/DD/YYYY) 07/26/2019	Amount \$53.00
Full Name of Contributor Stan Durham			Registration Number, if PAC	
Street Address 841 Pomo Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Hidaway Hills	State OH <input type="checkbox"/>	Zip Code 43107	Date (MM/DD/YYYY) 07/29/2019	Amount \$40.00
Full Name of Contributor Matt Johnson			Registration Number, if PAC	
Street Address 2684 Deming Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 08/02/2019	Amount \$50.00
Full Name of Contributor Matt Dillon			Registration Number, if PAC	
Street Address 6741 State Route 245		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City North Lewisburg	State OH <input type="checkbox"/>	Zip Code 43060	Date (MM/DD/YYYY) 08/02/2019	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)]