



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Laura Kunze for Sharon Township				
Full Name of Contributor Lynn Redgrave			Registration Number, if PAC	
Street Address 7416 Hampton Green North		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 08 17 17	Amount \$1000.00
Full Name of Contributor George Chioran			Registration Number, if PAC	
Street Address 450 Alkyre Run Dr #100,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08 18 17	Amount \$333.33
Full Name of Contributor Steven Smith			Registration Number, if PAC	
Street Address 450 Alkyre Run Dr #100,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08 18 17	Amount \$333.33
Full Name of Contributor Kenneth Beckman			Registration Number, if PAC	
Street Address 450 Alkyre Run Dr #100,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08 18 17	Amount \$333.34
Full Name of Contributor CORPAC			Registration Number, if PAC	
Street Address 2700 Airport Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 09 06 17	Amount \$500.00

*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)]

Page Total **\$2500.00**