



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Emily Keeler				
Full Name of Contributor Steven D Gladman			Registration Number, if PAC	
Street Address 961 Grandview Ave	Employer/Occupation/Labor Organization* Affordable Housing Trust		Form (Cash, Check, etc.) check # 1242	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 06/17/2019	Amount 500
Full Name of Contributor Kenneth Hale			Registration Number, if PAC	
Street Address 1922 Tremont Road	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check #898	
City	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/18/2019	Amount 60
Full Name of Contributor Martha Keeler			Registration Number, if PAC	
Street Address 517 E State Street	Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check # 830	
City Barberton	State OH <input type="checkbox"/>	Zip Code 44203	Date (MM/DD/YYYY) 06/23/19	Amount 50
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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)]