



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Aliena Sword				
Full Name of Contributor Kathrine E Shumate			Registration Number, if PAC	
Street Address 1210 E. Cooke Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash m.o.
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 09/06/17	Amount \$ 100.00
Full Name of Contributor Water Heater Plus, Inc.			Registration Number, if PAC	
Street Address 10330 Proprietors Rd. Suite A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 09/29/17	Amount \$ 300.00
Full Name of Contributor DN Adassa, CS McDevitt			Registration Number, if PAC	
Street Address 1310 E. Cooke Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 09/27/17	Amount \$ 100.00
Full Name of Contributor Ashlie D. Ludwig			Registration Number, if PAC	
Street Address 1685 Case Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 09/30/17	Amount \$ 30.00
Full Name of Contributor Karen Lynne Ludwig			Registration Number, if PAC	
Street Address 1685 Case Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 09/30/17	Amount \$ 70.00

*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)]