



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee <i>Friends of Louise Valentine</i>				
Full Name of Contributor <i>Kee Chung</i>			Registration Number, if PAC _____	
Street Address <i>90 Harvard Ave.</i>		Employer/Occupation/Labor Organization* <i>Atrius Health/Physician</i>		Form (Cash, Check, etc.) <i>Credit Card</i>
City <i>Brookline</i>	State <i>MA</i>	Zip Code <i>02446</i>	Date (MM/DD/YYYY) <i>01/13/2019</i>	Amount <i>1.67</i>
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
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)]

Page Total *\$ 1.67*