

JON HUSTED Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Laura Kunze for Sharon Towhnship						
Full Name of Contributor Registra				Registration Nu	gistration Number, if PAC	
Chad Owens						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
45 W South Street					check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Worthington	ОН	43085	08 2	7_17	\$50.00	
Full Name of Contributor Regis				Registration Nu	mber, if PAC	
Lisa Daris						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
860 Walnut Dr					Paypal	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	ОН	43235	09 28	17	\$25.00	
Full Name of Contributor	Registration N				mber, if PAC	
Haley McKnight						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
499 E 6th Street					check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	ОН	43215	10 01	17	\$230.00	
Full Name of Contributor	Registrati				mber, if PAC	
Doug Kuntz						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
849 Plum Tree Drive	cash					
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount	
Columbus	ОН	43235	10 01	1 17	\$100.00	
Full Name of Contributor	Registr				mber, if PAC	
Gary Kopp						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
883 Plum Tree Drive		check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	ОН	43235	09 26 17		\$20.00	

^{*}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)]