31-E R.C. 3517.10(B)

FOR PAPER FILING ONLY

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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05			
Name of Committee in Full					
Friends of Amy Harkins					
Full Name of Contributor	Registration Number, if PAC				
aggregate of contributions received \$25					
Street Address	Employer/Occupati	M D	Y Amount		
			1 0 1 3	1 7	257.10
City	State	Zip Codc	Form(Cash,Check.etc		207.10
			Cash		
Full Name of Contributor			Registration Number.	if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
City	State	Zip Code	Form(Cash,Check.etc	:)	1
	'				
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	•	Registration Number.	if PAC	
Street Address	Employer/Occupati	Employer/Occupation/Labor Organization*		Y Amount	
City	State	Zip Code	Form(Cash,Check,etc	:)	
	'				
Full Name of Contributor	rull Name of Contributor				
Street Address	Employer/Occupati	ion/Labor Organization*	M D	Y Amount	
City	State	Zip Code	Form(Cash,Check,etc	:)	
Full Name of Contributor			Registration Number.	, if PAC	
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Street Address	Employer/Occupati	Employer/Occupation/Labor Organization*		Y Amount	
		Terrori			
City	State	Zip Code	Form(Cash,Check,etc	:1	
Pull Name of Contributes			Registration Number	FRAC	
Full Name of Contributor			Registration (vuittoer	HIFAC	
Street Address	Employer/Occupati	ion/Labor Organization*	M D	Y Amount	
officer Address	Employer Occupati	the Edital Organization			
City	State	Zip Code	Form(Cash,Check.etc	2)	
	3.4.0	The state of the s	Tomm(cumilement	,	
Full Name of Contributor	game of Contributor			, if PAC	
Street Address	Employer/Occupati	ion/Labor Organization*	M D	Y Amount	
City	State	Zip Code	Form(Cash,Check.etc	; c)	
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equired for contributions from individuals over \$100 to statewide and	general assembly candidates. If contrib	outor is self-employed, the occup	ation and the name of the		
vidual's business, if any, rather than employer should be listed. If two	or more employees contribute via payr	oll deduction and exceed the agg	gregate of \$100, the labor		
nization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)}				
Fill in the boxes below only on the last page for this event.					
Transfer the Total contributions for this event to form No. 31-A. Ur	nder Full Name of Contributor state "Co	ontributions from form No. 31-E	and list the date of the event		
in the date column.					
Total contributions this event	Total expenditures this e	vent			
			-	Page Total S	257.10
257.10		0.00			