



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Freinds of Emily Keeler				
Full Name of Contributor Amanda Chandos			Registration Number, if PAC	
Street Address 4572 Ravine Drive	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check 231	
City Westerville	State OH <input type="checkbox"/>	Zip Code 43081	Date (MM/DD/YYYY) 07/31/2019	Amount 100
Full Name of Contributor Bobbie Celeste			Registration Number, if PAC	
Street Address 1230 Oakland Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check332	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/31/2019	Amount 25
Full Name of Contributor Micheal Blair			Registration Number, if PAC	
Street Address 5102 Merry Oak Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check 1066	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 07/31/2019	Amount 25
Full Name of Contributor Luara Swanson			Registration Number, if PAC	
Street Address 1517 Lincoln Rd	Employer/Occupation/Labor Organization* CAA		Form (Cash, Check, etc.) check909	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/31/2019	Amount 50
Full Name of Contributor Shiloh Wooman			Registration Number, if PAC	
Street Address 145 N High St #1000	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 08/07/2019	Amount 25

*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)]