



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Laura Kunze for Sharon Township Trustee				
Full Name of Contributor Molly Hursey			Registration Number, if PAC	
Street Address 211 Tinley Park Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 10/18/2017	Amount \$100.00
Full Name of Contributor Good Health Columbus			Registration Number, if PAC	
Street Address 1390 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/18/2017	Amount \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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 OH	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 OH	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)]