



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Freinds of Emily Keeler				
Full Name of Contributor Boggs for Ohio-Kristen Boggs			Registration Number, if PAC	
Street Address 545 E State St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check 2268	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/31/2019	Amount 250
Full Name of Contributor Megan Murphy			Registration Number, if PAC	
Street Address 1211 Wyandotte Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check 961	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/31/2019	Amount 25
Full Name of Contributor Kevin Felon			Registration Number, if PAC	
Street Address 4595 Helson Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 3772	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43220	Date (MM/DD/YYYY) 07/31/2019	Amount 50
Full Name of Contributor Brandon Lynaugh			Registration Number, if PAC	
Street Address 1299 Avondale	Employer/Occupation/Labor Organization* Business owner		Form (Cash, Check, etc.) check2624	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 08/03.2019	Amount 250
Full Name of Contributor Chris Smith			Registration Number, if PAC	
Street Address 1747 W First Ave	Employer/Occupation/Labor Organization* Franklin Co		Form (Cash, Check, etc.) check 1211	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/31/2019	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)]