



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Freinds Of Emily Keeler				
Full Name of Contributor Mary Keeler			Registration Number, if PAC	
Street Address 23655 Hawkins Creek	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) pay pal	
City Katy	State TX <input type="checkbox"/>	Zip Code 77494	Date (MM/DD/YYYY) 08/04/2019	Amount 50
Full Name of Contributor Stephanie Megas			Registration Number, if PAC	
Street Address 1659 Bryden Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) pay pal	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43205	Date (MM/DD/YYYY) 07/31/2019	Amount 25
Full Name of Contributor Emily Keeler			Registration Number, if PAC	
Street Address 983 Kramer Ave	Employer/Occupation/Labor Organization* OSU		Form (Cash, Check, etc.) electronic-Weebly	
City Grandview Heights	State OH <input type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 08/18/2019	Amount 33
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	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 <input type="checkbox"/>	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)]