31-E R.C. 3517.10(B)

FOR PAPER FILING ONLY

Event Date	9/13/17		
Page	1		
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05				
Name of Committee in Full						
Friends of Amy Harkins						
Full Name of Contributor			Registration Number,	if PAC		
aggregate of contributions receiv	ed \$25 or less					
Street Address	Employer/Occupation/Labor Organization*			Y Amount		
			0 9 1 3	1 7	70.00	
City	State	Zip Code	Form(Cash,Check,etc)		
			Cash			
Full Name of Contributor	<u> </u>	•	Registration Number,	if PAC		
Street Address	Employet/Occupa	Employer/Occupation/Labor Organization*		Y Amount		
City	State	Zip Code	Form(Cash,Check,ete)		
Full Name of Contributor			Registration Number.	if PAC		
				-:-		
Street Address	Employer/Occupa	tion/Labor Organization*	M D	M D Y Amount		
		17: 0.1				
City	State	Zip Code	Form(Cash,Check,etc	,		
			Designation Number	:CDAC		
Full Name of Contributor	Registration Number, if PAC					
Street Address	Employer/Occum	tion/Labor Organization*	M D	Y Amount		
Street Address	Employer-Occup	monerapor Organization	" '	Amount		
City	State	Zip Code	Form(Cash,Check,etc)		
Cny	l state l	and come	T (AIM) C MONTO TO			
Full Name of Contributor		1	Registration Number.	if PAC		
Tan Fame of Conglotton						
Street Address	Employer/Occup	M D	Y Amount			
		Elliphoyen vecapativis Eucon virganizativi				
City	State	Zip Code	Form(Cash,Check,etc	:)		
·						
Full Name of Contributor	<u> </u>		Registration Number.	if PAC		
Street Address	Employer/Occup	M D	Y Amount			
City	State	Zip Code	Form(Cash,Check.etc	:)		
	<u></u>					
Full Name of Contributor	Registration Number, if PAC					
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount		
		"Im a t				
City	State	Zip Code	Form(Cash,Check,etc	.,		
equired for contributions from individuals over \$100 to sta						
idual's business, if any, rather than employer should be li nization of which the employees are members, if any, mu		your deduction and exceed the a	effective of 2100; the most			
mzation of which the employees are members, if any, mu	ы аррын, росс, ээт гэго(D)(Н);					
Fill in the boxes below only on the last page for this ever	al .					
Transfer the Total contributions for this event to form N		Contributions from form No. 31-	E" and list the date of the event			
in the date column.			-			
Total contributions this event	Total expenditures this	event				
				Page Total \$	70.00	
70.00		0.00				
1 /0.00 [1	0.00		i		