31-E R.C. 3517.10(B)

## FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 3/0

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·						
Friends of Amy Harkins									
Full Name of Contributor					Registration Number, if PAC				
1	rocained \$25 or loss			1.4.5		,			
aggregate of contributions received \$25 or less Street Address			Employer/Occupation/Labor Organization*		D	Y	Amount		
		' ' '				1 7		70.00	
City		State	Zip Code	0 9 Form(Cas	1 3 sh,Check,c		1	70.00	
	'				Cash				
Full Name of Contributor			1	Registrati	ion Numbe				
				-					
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount		
		1							
City		State	Zip Code	Form(Cas	sh,Check,e	tc)			
Full Name of Contributor				Registrati	Registration Number, if PAC				
Street Address		Employer/Occupation	on/Labor Organization*	M)	D.	Y	Amount		
Sircet Audress		Employer/Occupation	SIDE 2001 Organization	"]		'	7 thiodin		
City		State	Zip Code	Form(Cas	h,Check,e	tc)			
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Full Name of Contributor		<u> </u>		Registrati	on Numbe	r, if PAC			
Street Address		Employer/Occupation	on/Labor Organization*	М	D	Y	Amount		
City		State	Zip Code	Form(Cas	h,Check,e	tc)			
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Full Name of Contributor				Registrati	on Numbe	r, if PAC			
Street Address		Employer/Occupation	on/Labor Organization*	м	D	Y	Amount		
Street Address		Employer/Occupant	it Labor Organization	"		1	Amoun		
City		State	Zip Code	Form(Cas	h,Check,et	L :			
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Full Name of Contributor				Registrati	on Numbe	r, if PAC			
Street Address		Employer/Occupation	on/Labor Organization*	М	D	Y	Amount		
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City		State	Zip Code	Form(Cas	h,Check,et	tc)			
E III N			Pagistenti	Pagistration Number if PAC					
Full Name of Contributor					Registration Number, if PAC				
Street Address		Employer/Occupation	on/Labor Organization*	M.	D.	Y	Amount		
			•						
City		State	Zip Code	Form(Cas	h,Check.et	ic)			
equired for contributions from individuals over									
vidual's business, if any, rather than employer s			Il deduction and exceed the aggi	regate of \$100, the	labor				
nization of which the employees are members,	it any, must appear. [R.C. 3517.10	(B)(4)]							
Fill in the boxes below only on the last page (	or this event								
Transfer the Total contributions for this event		ne of Contributor state "Con	tributions from form No. 31-E"	and list the date o	f the event				
in the date column.									
Total contributions this event		Total expenditures this ev	ent						
						Pa	age Total S	70.00	
70.00			0.00						