



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Laura Kunze for Sharon Towh	nship				;
Full Name of Contributor Registration				Registration Nu	mber, if PAC
Wesley Kunze					•
Street Address	Employer/Occupation/Labor Organization*			<u>-</u>	Form (Cash, Check, etc.)
200 Tinley Park Circle					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Delaware	ОН	43015	08 04	17	\$250.00
Full Name of Contributor	Registration N			Registration Nu	mber, if PAC
Sue Kunze					
Street Address	Employer/Occupation/Labor Organization*			·	Form (Cash, Check, etc.)
200 Tinley Park Circle					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Delaware	ОН	43015	08 04	4 17	\$250.00
Full Name of Contributor	Registration N			mber, if PAC	
Scot Whitlock					
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)
6081 Olentangy River Road					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Worthington	ОН	43085	08 1	4 17	\$200.00
Full Name of Contributor	Registration I			Registration Nu	mber, if PAC
Adem Vlasi					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
100 E Campus View Blvd					Check
City	State	Zip Code	Date (MM/D	DYYYY)	Amount
Columbus	ОН	43235	8 13	17	\$500.00
Full Name of Contributor	Registration N			Registration Nu	mber, if PAC
Mary Sue Williams					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
850 Mulberry Drive					check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	43235	08 12	2 17	\$50.00

^{*}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)]