| 31- | A |
|------|-------|
| R.C. | 3517. |

FOR PAPER FILING ONLY:

| Page | 1 | |
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| | | |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | |
|-------------------------------------------|-------------------|--------------------------|-----------------------------|--------------------------|
| Friends of Amy Harkins | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Contributions from Form No. 31-E 9/13/17 | | | | |
| Street Address | Employer/Occupat | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| | | | | <u> </u> |
| City | State | Zip Code | M D Y | Amount |
| | | | 0 9 1 3 1 7 | 70.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Contributions from Form No. 31-E 10/13/17 | | | | — |
| Street Address | Employer/Occupat | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| | | In a . | lad lad lad | |
| City | State | Zip Code | M D Y | Amount |
| | | 1 | 1 0 1 3 1 7 | 257.10 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Gloria Harkins | T | | | |
| Street Address | Employer/Occupat | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| 1740 Ripplingbrook Dr | | T | | Check |
| City | State | Zip Code | M D Y | Amount |
| Mansfield | OH | 44904 | 1 0 0 5 1 7 | 50.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Joe Hardin Street Address | | Tall disease to the same | | |
| | Employer/Occupati | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| 1978 Turners Landing | | | | cash |
| City | State | Zip Code | M D Y | Amount |
| Russellville | TN | 37860 | 1 0 0 5 1 7 | 500.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Aggregate of Contributions \$25 or Less | | | | |
| Street Address | Employer/Occupati | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| | | | | ActBlue donation |
| City | State | Zip Code | M D Y | Amount |
| | | | | 478.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Theresa Collins | | | | |
| Street Address | Employer/Occupati | ion/Labor Organization* | | Form (Cash, Check, etc.) |
| 3397 PENFIELD ROAD | | | | ActBlue donation |
| City | State | Zip Code | M D Y | Amount |
| Columbus | ОН | 43227 | 1 0 1 4 1 7 | 27.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Lori Ziegler Halt | | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | | Form (Cash, Check, etc.) |
| 87 Old Farm Road | | | | ActBlue Donation |
| City | State | Zip Code | M D Y | Amount |
| Mansfield | M A | 2048 | 0 9 1 5 1 7 | 30.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Angela Gerou | | | | |
| Street Address | Employer/Occupati | on/Labor Organization* | | Form (Cash, Check, etc.) |
| 4929 Fleetwood | | | | Act Blue Donation |
| City | State | Zip Code | M D Y | Amount |
| Knoxville | TN | 37921 | 0 9 1 6 1 7 | 40.00 |

| Page Total S | 1,452.10 |
|--------------|----------|
| | |

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 appear. [R.C. 3517.10(B)(4)]