



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor CAROLYN CHAPMAN			Registration Number, if PAC	
Street Address 2547 BERWYN RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 30.00
Full Name of Contributor CECILIA MILLS			Registration Number, if PAC	
Street Address 1500 BRIDGETON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City UPPER ARLINGTON	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/11/2019	Amount 50.00
Full Name of Contributor CHERYL TURNBULL			Registration Number, if PAC	
Street Address 2384 W. LANE AVE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 25.00
Full Name of Contributor SHELLY DEROBERTS			Registration Number, if PAC	
Street Address 2737 EDINGTON RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/11/2019	Amount 50.00
Full Name of Contributor ROBIN HALL			Registration Number, if PAC	
Street Address 4141 RANDMORE CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/11/2019	Amount 100.00

*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)]