



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee DREES FOR UA SCHOOLS				
Full Name of Contributor JULIE VANNATTA			Registration Number, if PAC	
Street Address 2170 WALTHAM RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor KAREN TROTIER			Registration Number, if PAC	
Street Address 2650 SANDOVER RD		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor NANCY MARCH			Registration Number, if PAC	
Street Address 3756 CRISWELL DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43220	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor RON IRSIK			Registration Number, if PAC	
Street Address 1401 LONDON DR		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 50.00
Full Name of Contributor DEBORAH WALTER			Registration Number, if PAC	
Street Address 3040 LANE WOODS CT		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43221	Date (MM/DD/YYYY) 09/20/2019	Amount 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)]