



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Schottke for GC				
Full Name of Contributor Jim Hughes			Registration Number, if PAC	
Street Address 4329 Ranelmore Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 07/06/2019	Amount 100.00
Full Name of Contributor Donald Plank			Registration Number, if PAC	
Street Address 1524 Northam Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07/06/2019	Amount 150.00
Full Name of Contributor Willis R. Conner			Registration Number, if PAC	
Street Address 2850 Corporate Exchange Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 07/10/2019	Amount 100.00
Full Name of Contributor Scott McComb			Registration Number, if PAC	
Street Address 1641 Oxbow Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 07/20/2019	Amount 250.00
Full Name of Contributor Susan Sutton			Registration Number, if PAC	
Street Address 3379 Marshman Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 07/22/2019	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)]