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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
FortKamp for UA Registration Number, if PAC						
Full Name of Contributor Registr				Registration Numb	gistration Number, if PAC	
Maria Mone						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2091 Yorkshire Road					Card	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	OH 🕏	43221	09/02	12014	\$50.00	
Full Name of Contributor				Registration Numb	per, if PAC	
Connie Smallwood						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4121 Edgehill Drive					Card	
City	State	Zip Code	Date (MM/DI		Amount A	
Columbus	OH Z	43220	09/0	4/2019	\$160,00	
Full Name of Contributor	Registration Num				ber, if PAC	
Alice Finley						
Ot 1 A delegan	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3406 Colchester Road					Card	
City	State Zip Code Date (MM/DD/YYYY)				Amount	
Columbus	OH	43221	09/13	3/2019	\$50.00	
Full Name of Contributor	Registration Nu				ber, if PAC	
Lauran Bayant						
Lauren Bryant Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
2369 Shrewsbury Road					Card	
City	State	Zip Code			Amount	
Colombus	24	43221	09/11	1/2019	\$50.00	
Full Name of Contributor	Registration Nut				nber, if PAC	
(1)es Kemme						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2517 Gardenia Drive				Chock		
City	State	Zip Code	Date (MM/I		Amount Amount	
Columbus	OH	SH 13235 09/21/2019			\$75.00	

^{*}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)]