



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Building Worthington's Future				
Full Name of Contributor David Norstrom			Registration Number, if PAC	
Street Address 210 Hardy Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/07/2019	Amount \$100
Full Name of Contributor Dorrian Norstrom			Registration Number, if PAC	
Street Address 201 Hardy Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/07/2019	Amount \$100
Full Name of Contributor Innovative Medical Centers, LLC			Registration Number, if PAC	
Street Address 55 Caren Avenue, Ste. 360		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/07/2019	Amount \$50
Full Name of Contributor Theresa Capace			Registration Number, if PAC	
Street Address 41 East New England		Employer/Occupation/Labor Organization* Worthington Jewelers		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/10/2019	Amount \$100
Full Name of Contributor Jack Miner			Registration Number, if PAC	
Street Address 2005 Samada Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/07/2019	Amount \$250

*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)]