



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Fortkamp for UA				
Full Name of Contributor Paul Hyseil			Registration Number, if PAC	
Street Address 1000 Urtin Ave 1405		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City Grandview Heights	State OH <input checked="" type="checkbox"/>	Zip Code 43212	Date (MM/DD/YYYY) 07/01/2019	Amount \$50.00
Full Name of Contributor Michelle Montgomery			Registration Number, if PAC	
Street Address 1212 Darcann Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43220	Date (MM/DD/YYYY) 07/01/2019	Amount \$250.00
Full Name of Contributor Emily Moeder			Registration Number, if PAC	
Street Address 628 Fox St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City New Bremen	State OH <input checked="" type="checkbox"/>	Zip Code 45869	Date (MM/DD/YYYY) 06/30/2019	Amount \$50.00
Full Name of Contributor Mary Beth Cowardin			Registration Number, if PAC	
Street Address 2675 Kent Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 06/30/2019	Amount \$100.00
Full Name of Contributor Molly Hagkull			Registration Number, if PAC	
Street Address 1735 Doone Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Card
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 06/30/2019	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)]