

## **Statement of Contributions Received**

Form 31-A

Full Name of Committee					ORC 3517.1
Fortkamp for UA				·	_
Full Name of Contributor			<del></del> .	Registration Num	nber, if PAC
Katie Williams	·				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2148 Esplanade Ave					Card
City	State	Zip Code	Date (MM/D	DD/YYYY)	Amount
New Oricans	LA 🕶	70119		0/2019	00.00 P
Full Name of Contributor			1001-	Registration Num	
Carole Lunney				1 togica aug	Dei, II FAC
Street Address	Employe	er/Occupation/Labor C	Organization*		Ter (Oct Ob Leta)
2393 Beaumont Rd		//Occupation//Labor C	Myanization		Form (Cash, Check, etc.)
City	State	72.0.4	1		Card
		Zip Code	Date (MM/D	•	Amount
COIUM BUS	OH	43221	06130	012019	\$250.00
Full Name of Contributor				Registration Numb	ber, if PAC
Michelle Lett					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
10713 Annalanc					card
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Independence	KY 🕶	41051		012019	\$25.00
Full Name of Contributor				Registration Numb	
Erin Fortkamp					2011.1.1.0
Street Address	Employe	r/Occupation/Labor O	)rganization*		Form (Cash, Check, etc.)
2398 Shrewsbury Rd					İ
City	State	Zip Code	Date (MM/DI	20000	Card Amount
Columbus	OH T		· ·	,	
Full Name of Contributor	<u> </u>	43221	0612	012019	\$5.00
			1	Registration Numb	per, if PAC
Dianne Spires					
Street Address	Employer	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
3067 Avaion Rd					Card
City	State	Zip Code	Date (MM/DD	D/YYYY)	Amount
COlumbus	OH -	43221	06/29/2019		Ø0.00₽

\*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)]