



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Schottke for GC				
Full Name of Contributor James G. Rauck			Registration Number, if PAC	
Street Address 1111 London Groveport Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 02/21/2019	Amount 500.00
Full Name of Contributor JAMES G RAUCK			Registration Number, if PAC	
Street Address 1198 CARNoustie Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 02/21/2019	Amount 200.00
Full Name of Contributor Daniel R Menninger			Registration Number, if PAC	
Street Address 1327 DAVentry Ln.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 02/21/2019	Amount 300.00
Full Name of Contributor BENJAMIN BRACE			Registration Number, if PAC	
Street Address 440 4090 Haughw Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 05/06/2019	Amount 100.00
Full Name of Contributor DAVID Donofrio			Registration Number, if PAC	
Street Address 298 Carilla Ln.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CK
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 05/25/19	Amount 25.00

*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)]