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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee	 					
Fortkamp for ()A Full Name of Contributor Registration N						
Name of Contributor				Registration Num	Registration Number, if PAC	
Kathrun Spires Street Address						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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5 manning Street	State	State Zip Code Date (MM/DD/YYYY)			Card Amount	
_	MA 🔻	a `	•	1/2019	\$25.00	
Tpwich Full Name of Contributor	1,1,1	מברו	101~		•	
Full Name of Contributor		Registration N			ber, if PAC	
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Street Address	Employe	er/Occupation/Labor	<u> </u>	Form (Cash, Check, etc.)		
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2398 Beaumont Rd.	State	Zip Code	Date (MM/D		Card	
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Columbus	0H_	43221	1012	11/2019	\$100.00	
Full Name of Contributor	Registration Nu				iber, if PAC	
Street Address	Employer/Occupation/Labor Organization*			<u> </u>	Form (Cash, Check, etc.)	
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City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
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Full Name of Contributor	Registrati				nber, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
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Full Name of Contributor Registration				Registration Num	nber, if PAC	
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Street Address	Employer/Occupation/Labor Occanization*			<u> </u>	Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				Politi (Casii, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
	X					

*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)]