



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Bucher for Worthington				
Full Name of Contributor Beth Bucher			Registration Number, if PAC	
Street Address 7649 Copper Glen St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 4325	Date (MM/DD/YYYY) 5/14/19	Amount 250
Full Name of Contributor Rachel DeNoewer			Registration Number, if PAC	
Street Address 7 E. Riverglen Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 6/7/19	Amount 25.00
Full Name of Contributor Alethea Sabo			Registration Number, if PAC	
Street Address 7805 Mellacent Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 6/10/19	Amount 28.00
Full Name of Contributor Kristina Meyer			Registration Number, if PAC	
Street Address 6512 Sagebrush Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 6/11/19	Amount 50.00
Full Name of Contributor Timothy J. Bucher			Registration Number, if PAC	
Street Address 7692 Heathside Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 6/14/19	Amount 50.00

*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)]

Page Total 403.00