OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee	
DREES FOR UA SCHOOLS	

Full Name of Contributor	Registration Number, if PAC
COLLEEN GRABOVAC	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
2124 YORKSHIRE RD		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43221	09/11/2019	25.00

Full Name of Contributor	Registration Number, if PAC
GEOFF BLOSSOM	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1861 CAMBRIDGE BLVD		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43212	09/11/2019	50.00

Full Name of Contributor	Registration Number, if PAC
SANDY FEDERER	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1329 CASTLETON RD N.		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43220	09/11/2019	50.00

Full Name of Contributor	Registration Number, if PAC
JANET KNAB	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1120 REGENCY DR		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
UPPER ARLINGTON	OH	43220	09/11/2019	100.00

Full Name of Contributor	Registration Number, if PAC
DEBORAH SMITH	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
1195 KINGSDALE TERRACE		CHECK

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
COLUMBUS	OH	43220	09/13/2019	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)]

Page Total 250.00