



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Bucher for Worthington				
Full Name of Contributor Daniel Maxwell			Registration Number, if PAC	
Street Address 5235 Hamilton Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Cincinnati	State OH	Zip Code 45223	Date (MM/DD/YYYY) 8/30/19	Amount 100.00
Full Name of Contributor Andrew Hile			Registration Number, if PAC	
Street Address 1635 Keats Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 8/31/19	Amount 100.00
Full Name of Contributor Bryan Corson			Registration Number, if PAC	
Street Address 2009 Upper Chelsea Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 8/30/19	Amount 25
Full Name of Contributor Janetta King			Registration Number, if PAC	
Street Address 168 Boyd Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 9/3/19	Amount 100.00
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) 9/3/19	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)]

Page Total 350.00